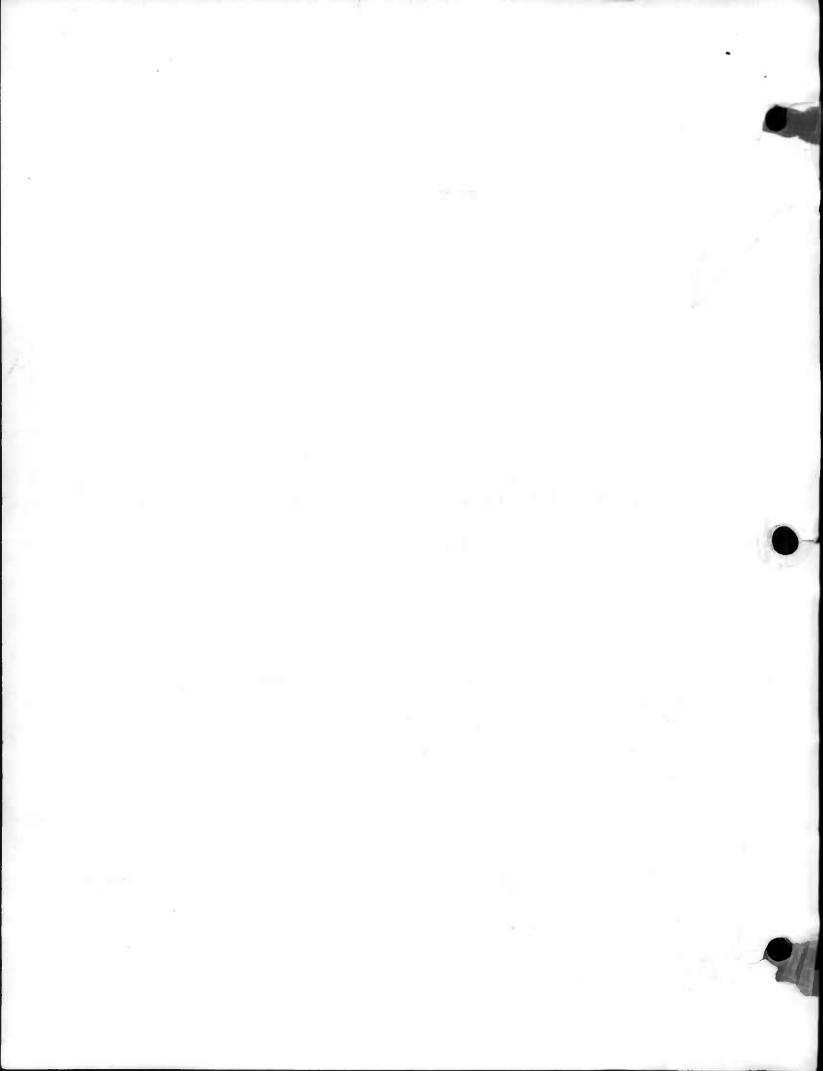
FOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

)	TO BE COMPLETED BY FUNERAL DIRECTOR
al.	examiner must be notified at once.	TO BE COMPLETED
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	rked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OIME OF MARKE	CERTIFIC	ATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
WILLIAM	FRAI	1K	SW.	ANN SR.	ECEMBER	5 199	0 6:48A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	е.	BIRTNPLACE (State or Foreign
216-07-8539	1 × M 2 □ F 7	5 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) JAN. 25,	1915 M	Country) ARYLAND
9e. FACILITY NAME (If not institution, give :	street and number)	. 9t	CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	OF DEATN
PHYSICIANS ME	MORIAL HOB	PIRAL	LA P	LATA		CHARI	ES
10e. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCA	ATION	-		10d. INSIDE CITY LIMITS?
MARYLAND CH	ARLES	FAU	LKNER				1 YES 2 X NO
10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
OLD FAULKNER ROAL				20632		U.S	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, s		HC ORIGIN? (Specify Yee n, Puerto Ricen, atc.) y:	or No- 14.	RACE — American Indien, Bleck, White, etc. Specify: WHITE
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S USI (Give kind of work	UAL OCCUPAT	ION lost of working	16b. KIND OF BU	SINESS/INDUST	RY
Elementary/Secondary (0-12) 6TH GRADE	College (1-4 or 5+)	Iffe. Do NOT use re POSTM	tired.)	or worlding	U.S.	POST O	FFICE
17. FATHER'S NAME (First, Middle, Last)		-		16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
WILLIAM O.	SWANN			ANNII	E BURROUGH	S	
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
ANNIE VICKIE JONE					ICSVILLE,		
20a. METHOD OF DISPOSITION 1 To Buriel 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from State	other place) HRIST EPIS					or Town, State MARYLAND
21. SIGNATURE OF FUNERAL SERVICE L		INIDI LILIC		AND ADDRESS OF FA		u i i co,	רושולדושיים
Michael	Hard	enie			RDINER FUN LEONARDTO		•
23. PART 1. Enter the diseases, or	complications that cause	d the deeth. Do not					, Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Chronic		in	Pulm	onary De	riase	Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate	amphi	A CONSEQUENCE OF):	~	8	•		
cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE OF):					
that initiated events resulting in deeth) LAST	d						
PART II Other algnificant condition	na contributing to deeth	but not reaulting in t	the underly!	ng cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
Segure de	under , Co	ngether	Hoa	it faile	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
center aleria	viene a	Arkit	z, Cal	m	1 YES	DENO	OF DEATH?
Plenelisalos	is. Des	in in)		_		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL	- July	UNICK	26. 1	PLACE OF DEATN (C/	eck only one)		
EXAMINER?	HOSPITAL:		THER:	me 5 Residence			
27. MANNER OF DEATN	26s. DATE OF INJURY	26b. TIME C	F 28c, If	JURY AT	2ed. DESCRIBE NOW	INJURY OCCUR	ED
1 Netural 5 Pending	(Month, Day, Year)	INJUR	Y 4	YES 2 NO			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (\$p	Y — At home, farm, stre	et, factory, off	ice	26f. LOCATION (Street City or Town, State		Rurel Route Number,
290. CERTIFIER CERTIFYING PHYS	SICIAN: To the beat of my kno	elados desth conumed	of the time 4-	te and place, and the	to the cause/s) and ==	nner se state	
cond only							euse(s) end menner ee stated.
				200 LICENSE NII	MRER	29d DATE S	
296. SIGNATURE AND TITLE OF OFFICE	ER / ,/ ,			THE FIGERAL INC	MPELI		IGNED (Monthy Day, Year)
Janet he	teletts	MD		DO837)	1/2	IGNED (Month, Day, Year)
Janet he	teletts	MD EATN (ITEM 27) (Type, Pr	BOM		a plata,	12	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W PAUL PRICED (Month, Day, Your).	HO COMPLETED CAUSE OF D	LAND V-V	BOM			12	15190



BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with urs after death. Page 6 may be retained by the hos-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR.	DIRE	Hem
	PITAL	ERAL n 72	T: H
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	2	23	Ξ

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEA	LTH A. D MI	ENTAL HYGIEN		0 0 7 3 (
1. DECEDENT'S NAME (First, Middle, Las	S	culley		1	2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-01-3190	5. SEX 6. AGE 7			UNDER 24 HRS. 7	7. DATE OF BIRTH (Month, Day, Year) 12-25-1		BIRTHPLACE (State or Foreign Country) MD
9a. FACILITY NAME (If not institution, given Wesleyan Center			Denton	OCATION OF DEAT	ТН	9c. COUNTY Car	of DEATH Oline
100 Car	oline		town or Location				10d. INSIDE CITY LIMITS? 1 YES 20 NO
100. STREET AND NUMBER BOX 105				P CODE 21636		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECEND If yes, specif 1 YES 2	y Cuban, Maxican,	ORIGIN? (Specify Yes Puarlo Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use r Seamtre:	rk done during most or retired.)	f working	166. KIND OF BUS	siness/indust	
6th 17. FATHER'S NAME (First, Middle, Last)		Sealitre		MOTHER'S NAME	(First, Middle, Maiden	Surname)	Tt Co.
W. Harmon Kinr 198. INFORMANT'S NAME (Type/Print) Mildred Tuneff	namon	196, MAILING AI	DDRESS (Street and I	Number or Rural Rou	oss Kinna ute Number, City or Town D 21636		(e)
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Re 4 Donalion 5 Other (Specify)	moval from Stata	b. PLACE OF DISPOSIT		ry, crematory or	20c. LO	cation – city	
21. SIGNATURE OF FINERAL SERVICE	They	**	V	ADDRESS OF FACIL	Gree		me POB×160
23. PART I. Enter the diseases, of ahock, or heart feitur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Myo Car	sech line.		of dying, auch	aa cardiac or reapi	Iratory arreat,	Approximate Interval Between Onset and Deat
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	¢	A CONSEQUENCE OF):					
PART II. Other algoriticant conditions of the co	one contributing to death	but not resulting in	the underlying of	ouse given in Pa	art 1. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	E OF DEATH (Check			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigatio	1 inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (AT 2	Cither (Specify)	NJURY OCCUR	ED
3 Suicide 8 Could not to detarmined	28e. PLACE OF INJUR	Y — At home, ferm, etro	eet, fectory, office	2	28f. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,
ana)	SICIAN: To the best of my known NER: On the basis of examination						suse(s) and menner as stated.
250 SIGNATURE AND THE OF CENTU	>		,	D33Z		29d. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON OF PE	VHO COMPLETED CAUSE OF DE	PO BOX	122 (Boldsbo	iro, Md.	2163	6



TO BE COMPLETED BY FUNERAL DIRECTOR

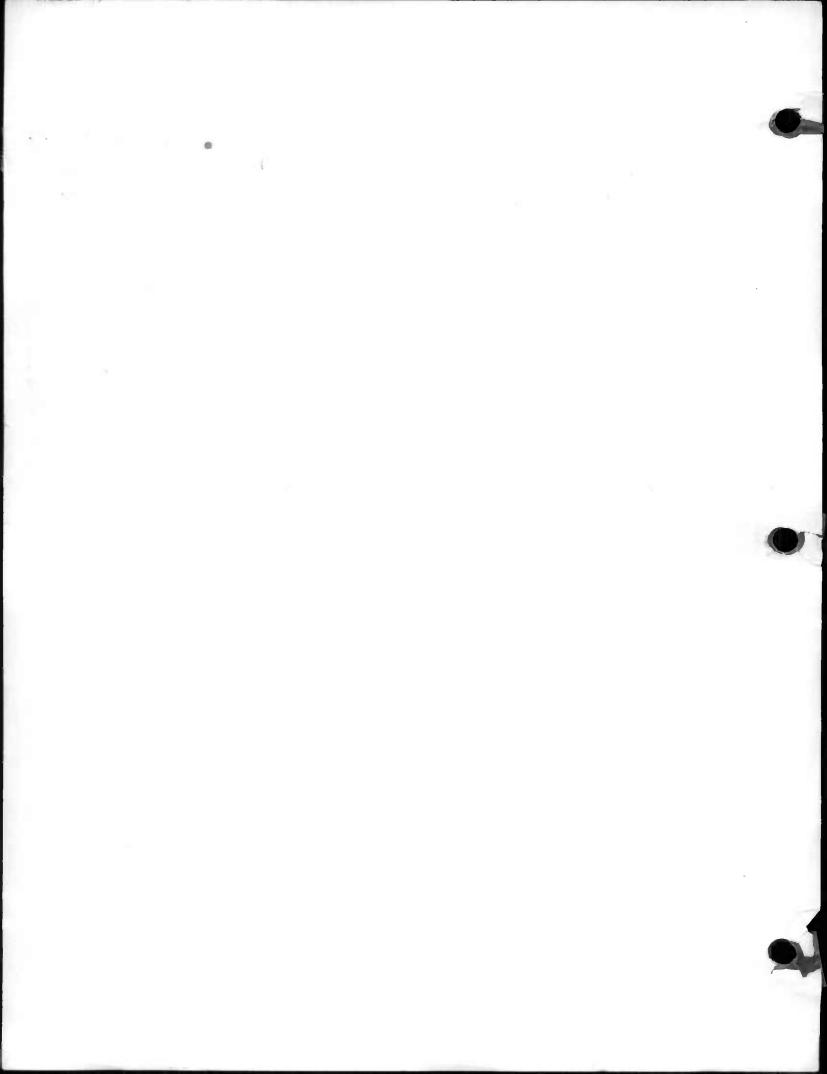
1 - STATE REGISTRAR							REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		CERT				2.	DATE OF DEATH		3.	TIME OF DEATH
Edith Brad	ley SAU	INDERS				1 1	December		1990	10:25 P.M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthde	lay) IF UNDE	R 1 YEAR	IF UNDER 24	HRS. 7, 1	DATE OF BIRTA		8. BIRTHPL	ACE (State or Foreign
223 42 4185	1 □ MXX F	50 YRS	S. MONTHS	DAYS	HOURE	MIN.	(Month, Day, Year) 04-03-30		VA	
9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CIT	Y, TOWN C	R LOCATION				TY OF DEAT	тн
Doctors' Commun	nity Hospit	a1		T.aı	nham			Pri	nce G	Georges!
RESIDENCE OF DECEDENT	1100 P 1									
MD 106. COUNTY Prin	ice George	10c.	Laure		TON				10	Dd. INSIDE CITY LIMITS? YES 2 NO
	ice occige									
10e. STREET AND NUMBER	7 5 1			101	2070	0		USA		AT COUNTRY?
11721 South I			T.,							
11. MARITAL STATUS 1 Never Merried XX Merried	12. WAS DECEDENT EVER FORCES? 1 YE	s XX □ NO	13.	If yes, sp	ecify Cuben.	Mexican, Pu	RIGIN? (Specify Yes uerto Rican, atc.)	or No-		- American Indien, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 TYES	¥₩ NO	Specify:			Specify:	
15. DECEDENT'S EDUCA		16a. DECEDEN	NT'S USUAL O	OCCUPATIO	ON	_	16b. KIND OF BUS	SINESS/INDI		CC
(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) Coffege (1-4 or 5+)		d of work done OT use retired.)		st of working					
12	00	Sale	4s Cle	erk			Rataili	ng		
17. FATHER'S NAME (First, Middle, Last)							First, Middle, Malden			
Samuel R. Bra	adley				Ros	se E.	Tripplet	:t		
19e. INFORMANT'S NAME (Type/Print)						or Rural Route	Number, City or Tow	n, State, Zip	Code)	
Charles Saunders	5	Same	es as	iten	í 10					
200. METHOD OF DISPOSITION		10b. PLACE OF DIS	SPOSITION (A	Name of cer	metery, crema	tory or			City or Town	
Suriel 2 ☐ Cremation 3 ☐ Ramon 4 ☐ Donetion 8 ☐ Other (Specify)	G G	randvie	w Mem	Gard	dens		Blue	efiel	d, VA	
21. SIGNATURE OF EUHERAL SERVICE LICE	HISEE /	1	22	HURST	P SCE	rif feui	CERAL HO	1E		1 7
> Chutant	Dorif for		-	Tazev	vell,	VA				
23. PART I. Enter the diseases, or co										
23. PART I. CITTE UISEBSES, OF CO	omplications that caus	sed tha death. [Do not ente	er tha mo	de of dyin	g, auch as	cardiac or resp	iratory em	est,	Approximate
shock, or heert fellure. L	let only one cause on	esch line			•			iratory em	est,	intarvai Between
shock, or heert feliure. L IMMEDIATE CAUSE (Fine) disease or condition	let only one cause on	esch line			•			iratory em	est,	
shock, or heert feilure. L IMMEDIATE CAUSE (Finei	let only one cause on	esch line			•			iratory err	est,	intarvai Between
shock, or heert feliure. L IMMEDIATE CAUSE (Fine) disease or condition	let only one cause on	esch line			•			iratory em	est,	intarvai Between
shock, or heert feilure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	let only one cause on	esch line			•			iratory em	est,	intarvai Between
shock, or heert feilure. L IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	let only one cause on				•			iratory em	est,	intarvai Between
shock, or heert feilure. L IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Ciarte DUE TO (OR A	esch line	E OF):		•			iratory em	est,	intarvai Between
shock, or heert feilure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Ciarte DUE TO (OR A	S A CONSEQUENCE	E OF):		•			iratory em	est,	intarvai Between
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shock, or heert feilure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCES A CONSEQUENCES	CO: CE OF):	inlic	zení	sho	ri. 24a. WAS AN	I AUTOPSY RMED?	24b. W	Interval Between Onset and Death VERE AUTOPSY FINDINGS WAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH?
shock, or heert feilure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCES A CO	CE OF):	inlic	zení	sho	ti. 24a. WAS AN	I AUTOPSY RMED?	24b. W	interval Between Onset and Death VERE AUTOPSY FINDINGS WAIL ABILE PRIOR TO COMPLETION OF CAUSE
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shock, or heert feilure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES XXX NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR A DUE TO (OR A) DUE TO (OR A)	S A CONSEQUENCES A CO	CE OF): CE OF): CE OF): OA OTHE OA TIME OF INJURY M	26. P. ER: Unsling Hon 28c. IN. W. 1	g cause gi	SLod Iven in Per EATH (Check bldence 8 28	1 I. 24a. WAS AN PERFO 1 YES :	I AUTOPSY RMED? 2 NO INJURY OCC	24b. WA A C C C I 1	Interval Between Onset and Death VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
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shock, or heert feiture. L IMMEDIATE CAUSE (Finet disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A)	S A CONSEQUENCES S A CONSEQUENCES Duty not result Support of the consequences S A CONSEQUENCES S	OA OTHE OF INJURY M	26. PER: unsing Hon 28c. IN. 1 = actory, office a time, date	g cause gi	Shad iven in Per iven iven iven iven iven iven iven iven	t I. 24a. WAS AN PERFOI only one) Other (Specify) Id. DESCRIBE HOW H. LOCATION (Street City or Town, Stelle	i AUTOPSY RMED? 2 NO injury occ	24b. WAACCOOL 1	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Onset of Cause of Death? Yes 2 No No Number, Number,
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shock, or heert feilure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A. DUE TO	S A CONSEQUENCES S A CONSEQUENCES Duty not result Support of the consequences S A CONSEQUENCES S	OA OTHE OF INJURY M	26. PER: unsing Hon 28c. IN. 1 = actory, office a time, date	g cause gi	Shad iven in Per iven iven iven iven iven iven iven iven	tl. 24a. WAS AN PERFO 1 YES : only one) Other (Specify) Id. DESCRIBE HOW II. LOCATION (Street City or Town, Stele	I AUTOPSY RMED? 2 NO INJURY Oct end Number)	24b. WA A A C C C C C C C C C C C C C C C C	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Onset of Cause of Death? Yes 2 No No Number, Number,
shock, or heert feilure. L IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions EXAMINER? 1 YES XXX NO 27. MANNER OF DEATH X Netural 5 Pending Pending	DUE TO (OR A. DUE TO	S A CONSEQUENCES A CO	CE OF): CE	26. PER: unsing Hon 28c. IN. 1 = actory, office a time, date	g cause gi	Iven in Per ATH (Check Idence a [NO 28 and due to to and due	tl. 24a. WAS AN PERFO 1 YES : only one) Other (Specify) Id. DESCRIBE HOW II. LOCATION (Street City or Town, Stele	I AUTOPSY RMED? 2 NO INJURY Oct end Number)	24b. WA A A C C C C C C C C C C C C C C C C	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Onset of Cause of Death? Ure Number, Onset of Cause of Death? Ure Number, Onset of Cause of Death?

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a second state death. Plage 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Plage before death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JANTE FILED (MOTH) Day, Your)

July Schegistman Stygnature



permit. Pages 1, 2, 3 should

FUNERAL DIRECTOR

BY

COMPLETED

BE

2

1 - FOR STATE REGISTRAR

9a. FACILITY NAME (If no

Md.

10e. STREET AND NUMBER

11. MARITAL STATUS

1 Never Married

3 Widowed

10a. STATE

1. DECEDENT'S NAME (First, Middle, Last) KilR.

RESIDENCE OF DECEDENT

2 460

(0-12)

4 Divorced

17. FATNER'S NAME (First, Middle, Last) Eolo

19a. INFORMANT'S NAME (Type/Print)

4 Donation 5 Other (Specify) 21 DIGNATURE OF FUNERAL SERVICE LICENSEE

BULSE 20e. METHOD OF DISPOSITION M.

5. SEX

SOMBRSET

AVR

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

PENINSULA GENERAL HOSPITAL

10b. COUNTY

15. DECEDENT'S EDUCATION

STATE	DF	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MEN
			E	RTIFICATE	0	F DEAT	TH	

YRS.

6. AGE (In yrs. last birthday)

1100

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.)

19b, MAILING ADDRESS (Street

UMR

20b. PLACE OF DISPOSITION (Name

GRACE

9b. CITY, TOWN OR LOCATION O

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SALISBURY,

101. ZIP COOE 2185

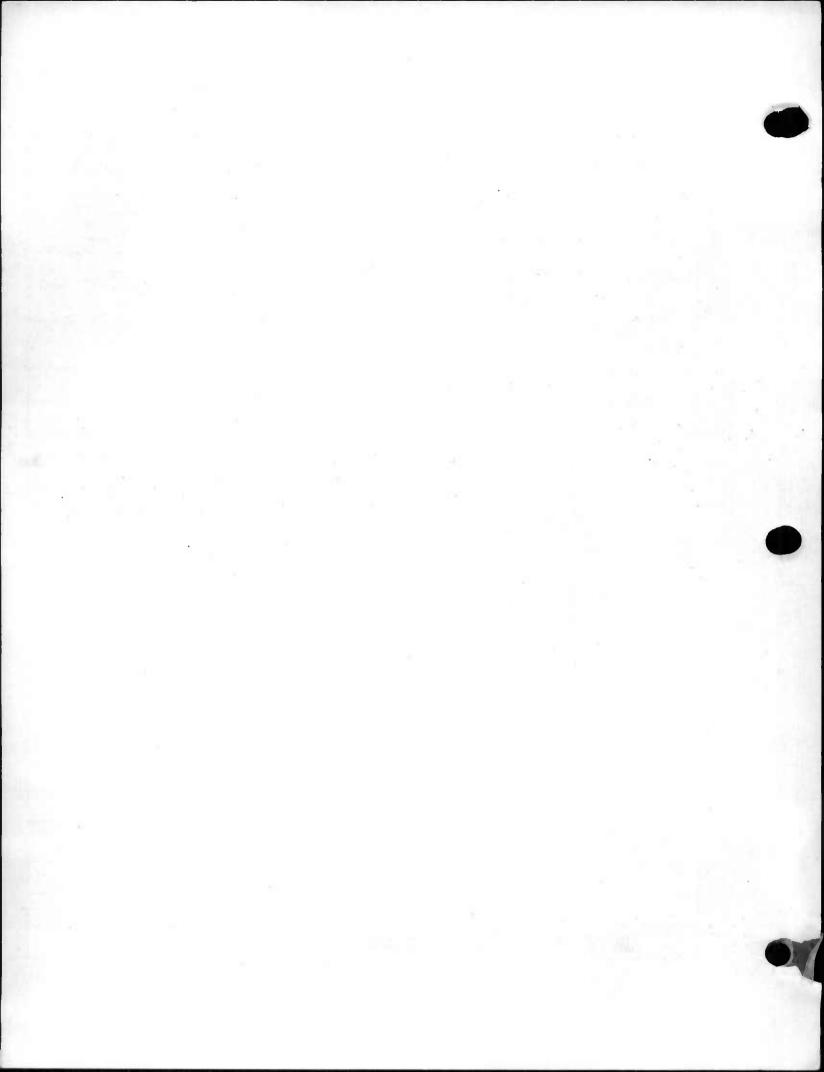
13. WAS OECENDENT OF NIS If yes, specify Cuben, Ma 1 YES 2 NO S

22. NAME AND ADDRESS O

IF UNDER 24 HF

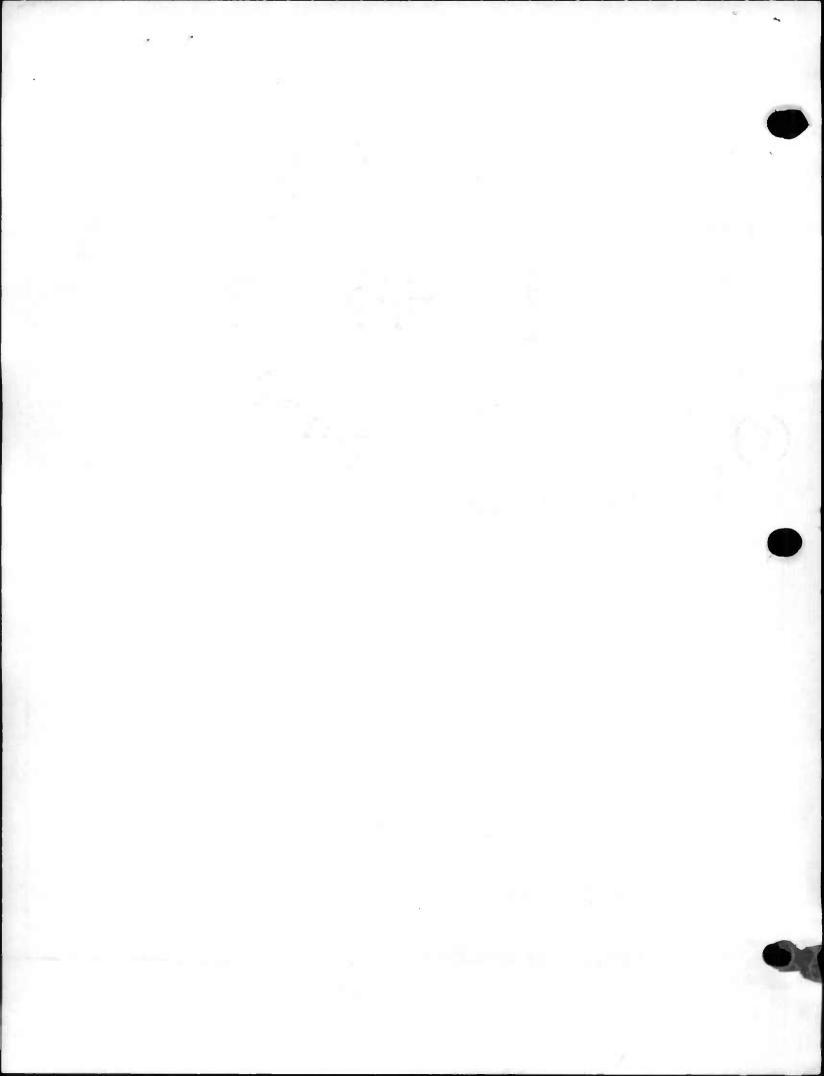
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REG. NO.	_		
2. DATE OF DEATH			3. TIME OF DEATN
December	K 10	YEAR	075 N
	3/1		PLACE (State or Foreign
(Month, Dey, Year)	/	Country	" md.
2-6-41			
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nd,			LIMITS?
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	10g. CITI	ZEN OF W	THAT COUNTRY?
3		451	A
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16b. KIND OF BUS	SINESS/IND	USTRY	
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PAINT	EL		
NAME (First, Middle, Maiden		/	
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ural Route-Namiber, City or Town	-/ State 7le	Codel	
In A.I.	7 Siene, 210	Code)	21753
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	CATION -	City or To	wn, State
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n in Part i. 24s. WAS AN		1	
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1 TYES 2	100		COMPLETION OF CAUSE OF DEATH?
			1 YES 2 NO
(Check only one)			
nce 6 Other (Specify)			
28d. DESCRIBE NOW I	NJURY OC	CURED	

	lat only one cause on each line	0.	the mode of dying, so	on de colo	nee or respiratory arres	" [Approximete interval Between
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resulting in death)	OUE TO (OR AS A CONSE						
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resulting in death) LAST							
PART II. Other algorificant conditions	contributing to deeth but not	resulting in the u	nderlying cause given in	Part i.	24a. WAS AN AUTOPSY PERFORMED?		E AUTOPSY FINDING
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						1 🗆	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	26. PLACE OF DEATH (C	heck only on	e)		
1 TYES 2 NO	1 Pinpatient 2 ER/Outpatient	DOA 4 Nu	R: rsing Home 5 🗆 Residence	6 🗆 Othe	r (Specify)		
27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DES	CRIBE NOW INJURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigation		М	1 YES 2 NO				
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, atreet, fac	tory, office		ATION (Street and Number of or Town, State)	r Rural Route	Number,
4 Homicide determined							
290. CERTIFIER 1 CERTIFYING PNYSK	CIAN: To the best of my knowledge, d	eath occurred at the	time, date and place, end du	e to the cau	ise(a) and manner as stated	ı.	
one) 2 MEDICAL EXAMINE	R: On the basis of examination end/or	investigation, in my	opinion, death occured at th	e time, date	and place, and due to the	cause(e) end	menner as stated.
296 SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	JMBER ,	29d. DATE	SIGNED (Mo	nth, Day, Year)
Kodney a. W	unich, M. &).	D 153	384	▶ D	EC.	5, 1990
30. NAME AND ADDRESS OF ERSON WHO		EM 27) (Type, Print)					1
RODNEY A.	WENRICH	100 F	OWER ST.	5	ALISBUR	y pr	10.2180
31. DATE FILEO (Month, Day, Year)	32. REGISTAAR'S SIGNATURE					,	
JAN 1 6 91	Julia Davidso	n-Aandell					



100		irst, Middle, Last)						2. DATE C	F DEATH DAY	,	YEAR 3. 1	TIME OF DEATH
-	M	MICHAEL		FRANCIS		STEVE	NSON	12	24			8:10 P
	4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH Day, Year)		Country)	CE (State or Foreign
	578-70-355	56	1 🖾 M 2 🗌 F	38	YRS.	MONTHS DAYS	HOURS MIN.		26,19	52 W	ash D	C
	9a. FACILITY NAME (If no	ot institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF DE				Y OF DEATH	1
R	11316	Sherrin	ngton Cou	irt		Uppe	r Marlbo	ro		Princ	ce Geo	orge's
5 F	RESIDENCE OF D	10b. COUNT			10.00	Y, TOWN OR LOCA						I, INSIDE CITY
	Maryland		e George	S	1	er Marl						LIMITS?
	10a. STREET AND NUMB		-		OPP		OI. ZIP CODE			10a CITIZE		COUNTRY?
ERAL	11316 She		n Count				20772			7		TATES
2 1	11. MARITAL STATUS	rringto		NT EVER IN U.S. AF	RMED	13, WAS DE	CENDENT OF HISPAI	NIC ORIGIN	(Specify Yes		4. RACE —	American Indian
B	1 Never Married 2	_	FORCES?	YES 2 1	NO	If yes, a	pecify Cuben, Mexico S 2 NO Specif	in, Puerto R	lcan, etc.)		Specify: Bla	hite, etc.
E		DECEDENT'S EDI		16a, DE	ECEDENT'S	USUAL OCCUPATI	ION lost of working	16b.	KIND OF BUS	INESS/INDU	STRY	
	Elementary/Secondary		College (1-4 or 5	1//0	. Do NOT L	ise retired.)	ost or working					
F F	12		1	M.A	ANAGE	ER-OWNER			RECOR	D SHO	P	
COMPLET	17. FATHER'S NAME (First						16. MOTHER'S NA	ME (First, M	iddle, Malden S	Surname)		
BE	JAMES ST	EVENSO	V				DELOR	IS DI	GGS			
2	19a. INFORMANT'S NAME		ON /UTER				and Number or Rural					00770
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	20a, METHOD OF DISPORT 1 Surial 2 Creme 4 Donation 5 Ot	SITION ation 3 - Rag	noval from State	other p	lace)		emetery, crematory or			CATION — CI		
f. II-	4 Donation 5 0t			_ HARM(JNY M	IEMORIAL	PARK AND ADDRESS OF F	CHITY	LAND	OVER,	MARYI	LAND
	21. SHANDINE OF FIGH	y service of	10	0	250		ANDER S.		FUNER	AT. HO	ME.	
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ITIFICATION	shock, o	f heart failure (Final ————————————————————————————————————	B. Gunsh OUE TO OUE TO	use on each line	ds of couence of	Chest	ode of dying, suc	ch as card				Approximate Interval Setv
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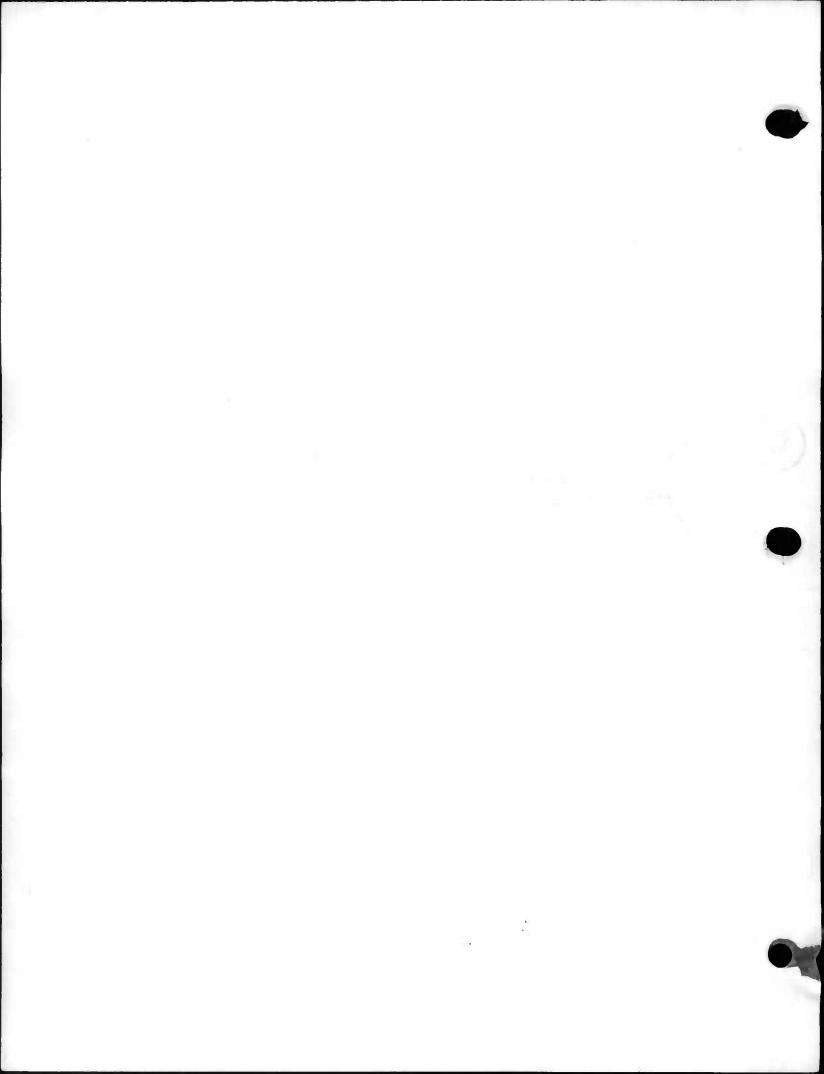
ARYLAND 21203-3146

In by completely filler certificate be executed withil to burial, and attending physician a antal Hygiene prior to the death by the atten signed i t, of has be Dept. MP DIVISION OF VITAL The certificate h the this c After t L OR ATTENDI DIRECTOR: A hours after d FUNERAL D TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 12:48P Dennis Gerald SMITH 12 1990 4 SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Country) th, Day, Year, DAYS HOURS 1X M 2 | F 48 YRS. Jan. 1942 577 54 9108 Wash.,D.C. 9e. FACILITY NAME (If not institution, give atreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Doctor's Hospital Lanham, Maryland PG RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland PG1 VES 2 NO Palmer Park FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 18a. CITIZEN OF WNAT COUNTRY? 8209 Allendale Terrace 20785 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) ementary/Secondary (0-12) Coffege (1-4 or 8 +) Retired 9th Grade Produce Selector Private 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Sumame) James M. Smith Irene E. Rawls BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy J. White 7201 Fairfield Court District Heights, Md. 20a, METHOD OF DISPOSITION
1 Description | Method | State | Description | State | Description | Desc 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Harmony Memorial Park Landover, Maryland MINITURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 4001 Benning Road NE

ART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line. interval Between **Onset and Death** MEDIATE CAUSE (Finel diséese or condition résulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leeding to immediate IDR AS A CONSEQUENCE OF ceuse. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24e. WAS AN AUTOPSY MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO ontient 2 DER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 🗌 Homicide 29a CERTIFIER 1 RECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day. 29c. LICENSE NUMBER BE G 10 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A. Man Birez, und 3208 Dodge PK 129 CIRO JAN 0 7 91 32. REGISTRAR'S SIGNATURE

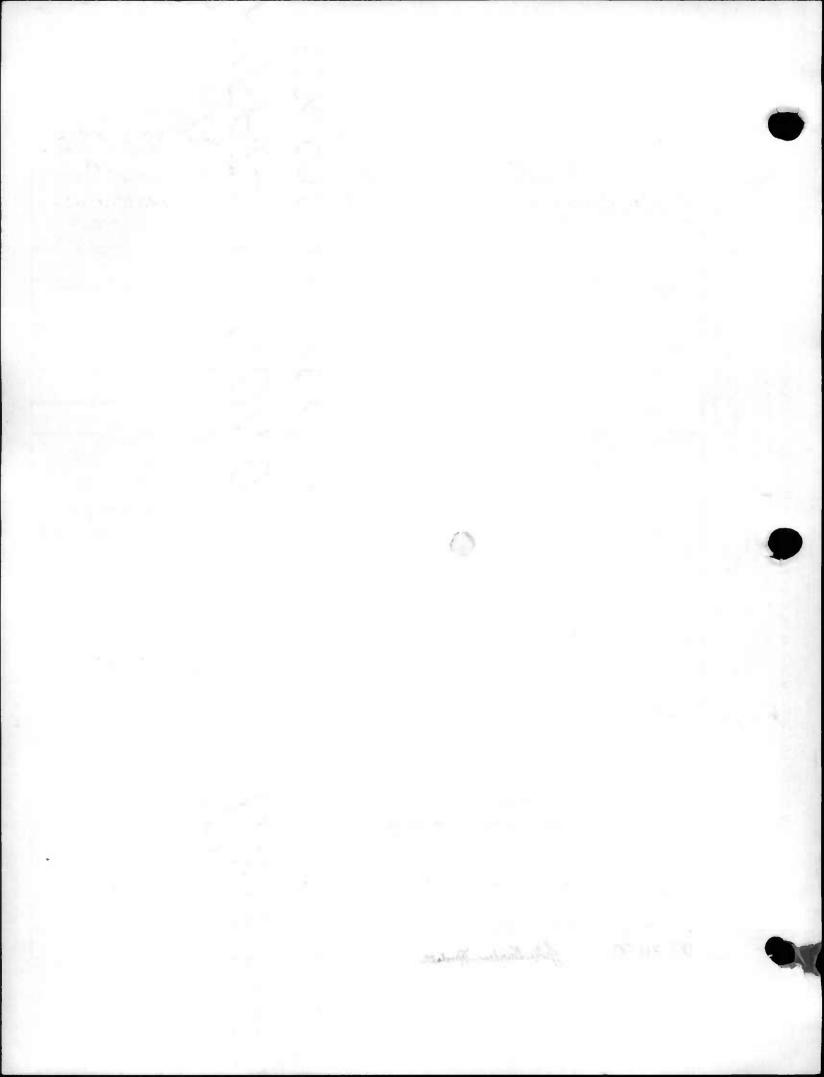
June Harrason- yendale



	funeral		vamine
OI DI L'ADRIG TILLE DE LA CONTRACTOR DE L'ADRIG DE L'AD	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral of	hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	and the marked or litera 23 shows any fallow or other transmile event the medical evanilies
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- days	FOR STATE REGISTRAR		STATE OF I			TMENT OF			MENTAI	HYGIEN		90	3750
1900	1. DECEDENT'S NAME (First, ELAI	Middle, Last)	(21	7	OOME			2. OATE MONTH	OF OEATH	7 98	EAR	8 55 p
	4. SOCIAL SECURITY NUMB 2/9-66-/ 9a. FACILITY NAME (If not in	797	6. SEX 1 M 2 XF	6. AGE (In yrs.	2 YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b, CITY, TOW	HOURS	MIN.	(Month	OF BIRTH , Day, Year)	9c. COUNTY	BIRTHPLACE Country)	E (State or Abreign
DIRECTOR	STELLA P	MAR	s Hosp	ice		7	Tows		AIR				more
	Maryland 100. STREET AND NUMBER	Wash	nington			gerstov					Les OFTER		INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	1734 Edgewo	od Hi]	12. WAS DECEDEN	IT EVER IN U.S.	104	13. WAS D	2174	OF HISPAN		? (Specify Ye	USA	RACE - A	merican Indian
ED BY F	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V	YES 2 NAR OR DATES			specify Cub		y:		SINESS/INDUS	Black, White Specify: V	
COMPLETE		r highest grade		+)	(Give kind of v life. Do NOT us 10MEMA	vork done during se retired.)	most of work	ing		home	SINESS/INDUS	int	
BE CO	17. FATHER'S NAME (First, M Halim Nick	olas S	Samaha				Haz	el C	ecil	ia Aba	alan		
10	Linda A. T	ooma		20h PLAG	8 I	Valley SITION (Name of	Fros	t Ct		ockevs		Mary	21030
	1 X Burlal 2 Cremetic 4 Donation 5 Dother 21. SEDEATURE OF FUNERA	(Specify)		Nati	onal M	emoria.	L Par	SS OF FA	CILITY	Fal	ls Chu	rch,	Virginia
	23. PART I. Enter the d	seases, or	complications the	nt counsed the	death. Do r	Fune	Ld N.	ome		Hag	erstow	n, Mai	Street ryland Approximata
	ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert feliure.	List only one car	CIAN OF AS A CONS	ine.								Interval Betwee Onset and Deat
CERTIFICATION	Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	c	OR AS A CONS					-				
MEDICAL	PART II. Other algolifica	nt condition	na contributing to	death but no	et reaulting	In the underly	ing cause	given in	Part I.	24s. WAS AI PERFO 1 YES	RMED?	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\subseteq \text{ NO} \)
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF GEATH	O MEDICAL	HOSPITAL: 1 Inpatient 2	2000	3 DOA	OTHER: 4 - Nursing H	PLACE OF		8 X Othe	r (Specify)	HOSP WOOD VRUUN	ice	
ED BY	2 Accident	Pending Investigation Could not be determined	(Month, i	Dey, Year) OF INJURY — At, etc. (Specify)	IN.	M 1 [WORK? YES 2	□ NO	28f. LOC		end Number of		Number,
COMPLET	ana)		HCIAN: To the best of										manner as stated.
TO BE C	29b. SIGNATURE AND TITLE	ah	1. Cele	fan	der	10	29c. Li	OZ-	MBER 708	7	29d. DATE :	27	th, Day, Year)
	Carla AL	a Libon Wi	O D			alley	- 0 0	-					

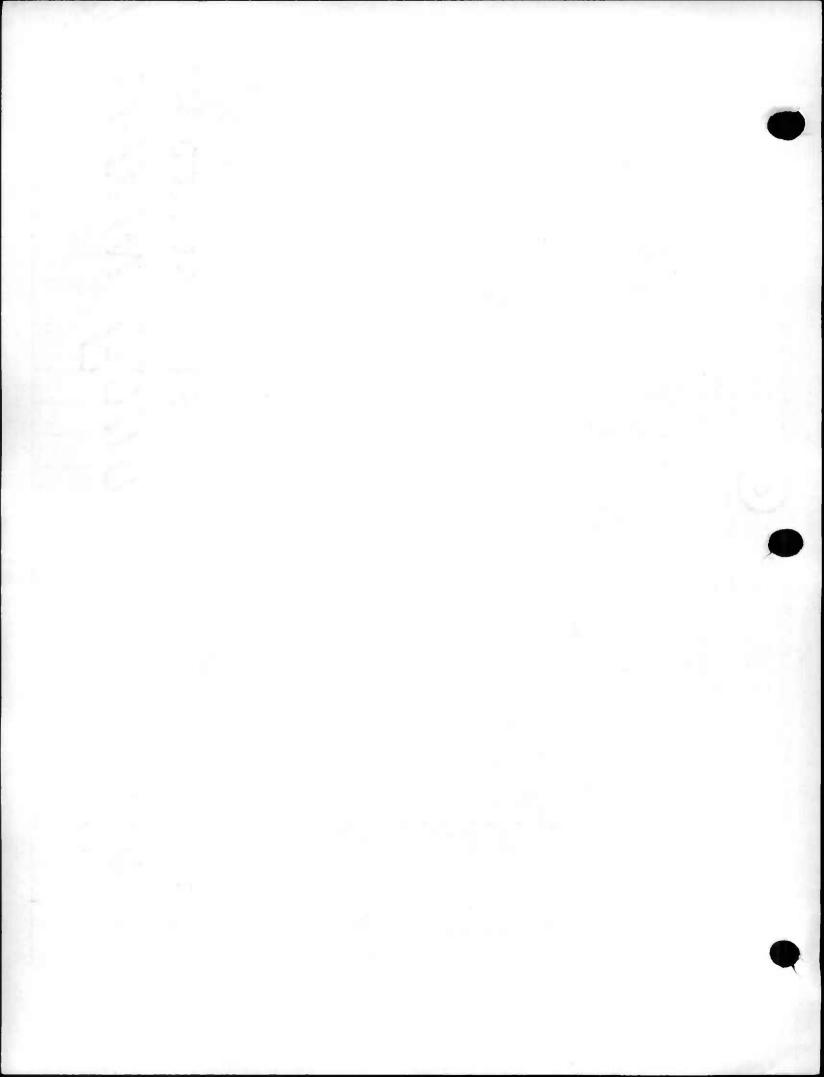
DHMH-16 Rev 1/89



must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withly	or attending physic
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in the enterior than 5 should be detached for use as the burlar	use as the burial
be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation; or remay	
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical anyment has notified at once.	

214-18-4230 9a. FACILITY NAME (if not institution, give street and number Rt. 1 Box 139 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	of and number) OSPITAL INC. WAS DECEDENT EVER FORCES? 1XXV IF YES, GIVE WAR OUTTON	GE (In yrs. lost 68	10c. CITY,	96. CITY, TO	EAR IF UN AYS HOUF DWN OR LOC 2.S.C.O.T LOCATION DOLOCO	ATION OF D	2. DATE OF MONTH 1 1 7. DATE OF 1 1 2 2 2 2 2 2	22 BIRTH 9-2 192	2 COUNTY OF	HPLACE (State or Foreign PA				
214-18-4230 9a. FACILITY NAME (If not Institution, give street Memorial Hesidence of Decedent 10a. STATE 10b. COUNTY Caro 10c. STREET AND NUMBER Rt. 1 Box 139 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 15. Decedent's Educing Control of the County Specify only highest grade of Bemeritary/Secondary (0-12) 10 th	ox m 2 F et and number) OSPITAL Line 12. WAS DECEDENT EVE FORCES? 1X X	ER IN U.S. ARIES 2 N	10c. CITY,	9b. CITY, TO E &	OWN OR LOCATION	ATION OF D	1XXXX	9-2 192	4- 8. BIRT Coun	HPLACE (State or Foreign PA DEATH				
Memorial H RESIDENCE OF DECEDENT 10a. STATE MD 10b. COUNTY Caro 10c. STREET AND NUMBER Rt. 1 Box 139 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of the county of th	ospital line 12. WAS DECEDENT EVE FORCES? 1XX	ES 2 N	10e. CITY,	E a	astor LOCATION DOPO		EATH		COUNTY OF	DEATH				
RESIDENCE OF DECEDENT 10a. STATE MD 10b. COUNTY Caro 10e. STREET AND NUMBER Rt. 1 Box 139 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of the county of the coun	12. WAS DECEDENT EVE FORCES? 1XXX IF YES, GIVE WAR O	ES 2 N	Gr	TOWN OR L	LOCATION	1			Talb	ot				
10a. STATE MD 10b. COUNTY Caro 10c. STREET AND NUMBER Rt. 1 Box 139 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of the county of the coun	12. WAS DECEDENT EVE FORCES? 1XXV IF YES, GIVE WAR O	ES 2 N	Gr		oro					Talbot				
Rt.1 Box 139 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUC. (Specify only highest grade of the control of the co	FORCES? 1XX IF YES, GIVE WAR O	ES 2 N			104 71D C	reensboro				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
1 Never Married 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT's EDUC/ (Specify only highest grade of the contany/Secondary (0-12) 1 0 th	FORCES? 1XX IF YES, GIVE WAR O	ES 2 N			101. ZIP CODE 21639			10g	CITIZEN OF WHAT COUNTRY?					
(Specify only highest grade of Elementary/Secondary (0-12)	IF YES GIVE WAR OF					T OF HISPA uban, Mexico NO Speci	nn, Puerto Rica	Specify Yes or No n, etc.)	— 14. RAC	14. RACE — American Indian, Black, White, etc. Specify: White				
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)					In. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								
17. FATHER'S NAME (First, Middle, Last)		labe	orei		-		Pet Milk Co.							
William H. Taylor		18. MOTHER'S NAME (First, Middle, Melden Surname) Sadie E. Cloud Taylor												
19a. INFORMANT'S NAME (Type/Print)	19b	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co Rt. 1 Box 139Greensboro, MD 21639												
Sallie Vierginia Ta	ylor		Rt.	1 Bo	× 139	Green	sboro	MD 21	639					
20g. METHOD OF DISPOSITION 1 [XSurial 2 Cremation 3 Remote 4 Donation 8 Other (Specify)	20b. PLACE (other pla	of Disposi	ensbo	of cometery,	emeter	ry	Greens	boro,	own, State MiD					
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE / Wen	1		22. NA	ME AND ADD	RESS OF F	Gre	ensbor n Hm F	o, MD	21639				
DUE TO (OR AS A CONSEQUENCE OF): CINCHOS (S 1-2										1-24s				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):														
PART II. Other significant conditions	contributing to deat	th but not re	esulting in	n the unde	orlying cau	se given ir		A. WAS AN AUTO		b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
										1 YES 2 NO				
	HOSPITAL:	Outpution 0		OTHER:			heck only one)							
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJU (Month, Day, Ye	IRY	28b. TIME	OF 26	Ic. INJURY A WORK?	r	8 Other (S	pecify) IBE HOW INJUR	YOCCURED					
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	IURY — Al hor (Specify)	me, farm, si	treet, factory	, office		28t. LOCATE City or 1	ON (Street and M lown, State)	mber or Rura	Route Number,					
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my k									(a) and manner as stated.				
296. SIGNATURE AND TITLE OF CERTIFIER	Finh				29c.	318		290	DATE SIGNE	(Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITE	-	Print) 4570/	1	nd	2160	١ د		t				
505 Intelima		SIGNATURE		.017.			-							

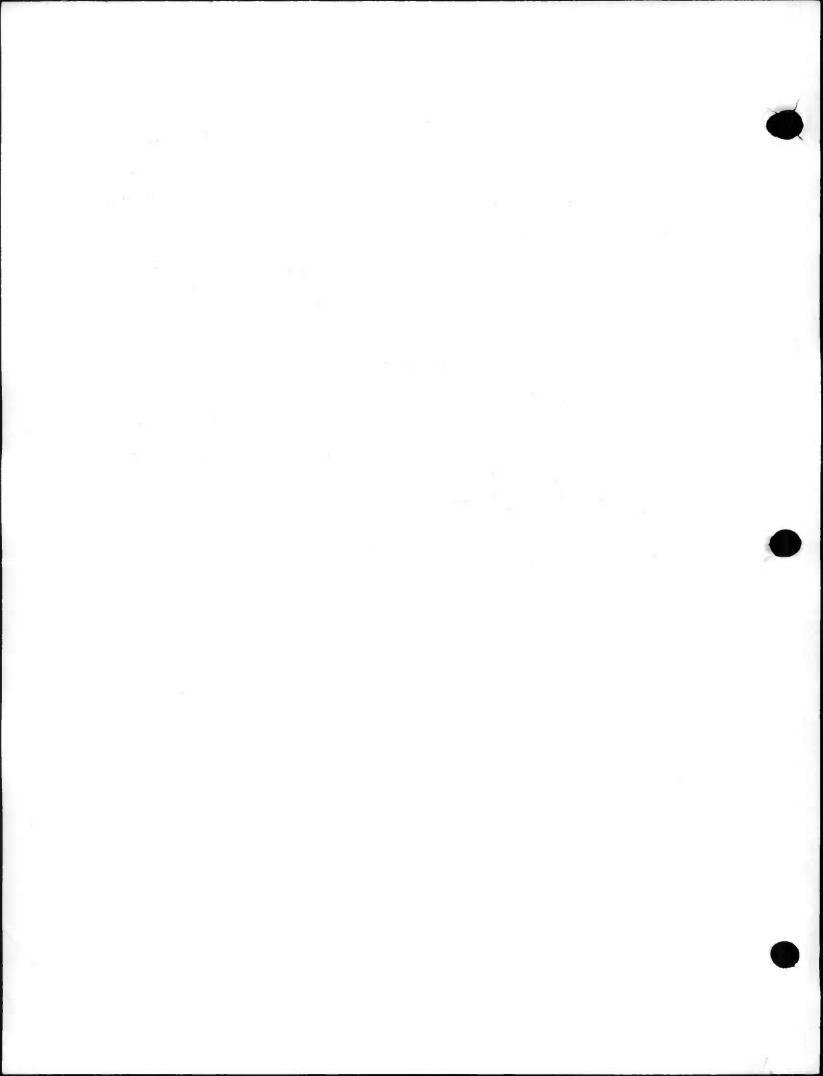


BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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toda's after usall will the state body, or freditt and mental hyperic product to corner, or corners	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	Í

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)	·	17			2. DATE OF DEATH		3. TIME OF DEATH		
1	JAMES NICHOLS					11 2	4 19	90 10:00 a M		
1	217 00 4015			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give street	X M 2 □ F 7				3-7-19		MD		
E				DENTO	R LOCATION OF OE	EATH	9c. COUNTY OF OEATH CAROLINE			
5	CAROLINE NURSIN	G HOME, I					CAL	COLINE		
DIRECTOR	MD CAROLI	NE		TOWN OR LOCATE NTON	ION			10d. INSIDE CITY LIMITS?		
0	10e. STREET AND NUMBER			101	ZIP CODE		10e CITI	1 YES 2 NO ZEN OF WHAT COUNTRY?		
BY FUNERAL	82 DEEP SHORE	ROAD			21629		USA			
2	11. MARITAL STATUS 12.	. WAS DECEDENT EVER IN	U.S. ARMED			IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yea or No—	14. RACE — American Indian, Black, While, etc.		
34	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYPES IF YES, GIVE WARFOR DAT WW I I	res		2 NO Specify			Specify: WHITE		
E		college (1-4 or 5+)	life. Do NOT use	retired.)	ENTATIV					
COMPLETED	11 17. FATHER'S NAME (First, Middle, Last)	NDUST	RY							
8	THOMAS LUTHER	TRICE Jr			ELMA	ME (First, Middle, Maid ELIZA		2.101		
BE	19a. INFORMANT'S NAME (Type/Print)	111111111111111111111111111111111111111	19b. MAILING A		nd Number or Rural I	Poute Number, City or	Town, State, Zip	Code)		
2	CATHERINE A. TR					DENTON				
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Ramoval 4 Donation 5 Other (Specify)	from State	other place) den	ton (Name of cent	metery cremetory or metery	20c. I	entor	City or Town, Stata		
	21. SIGNATURE OF JUNERAL SERVICE LICENS	n M	-		D ADDRESS OF FA	RAL HOME	D 7			
	* Manderjon	P.Mase						id. 21629		
	23. PART i. Entar the diseases, or com ahock, or heart fallure. Liet			t anter the mo	de of dying, suc	h ee cerdlec or re	epiratory ari	est, Approximate interval Between		
	IMMEDIATE CAUSE (Finel disease or condition	Metast	tatic C	20lon	CA			Onset and Death		
	resulting in death) a		CONSEQUENCE OF):	Diore	-12		-			
N N	Sequentially list conditions, b									
ATIC	If any, leading to immediata cause. Enter UNDERLYING	OUE TO (OR AS A C	CONSEQUENCE OF):							
밀	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions co	ontributing to deeth bu	it not resulting in	the underlying	cause given in	Part i. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
OC.		on chitis,	5/P Th	praco	omy,		FORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
ME	SIP Craniotom	Y, COPI	>			_		1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	/		26 PI	ACE OF DEATH (Ch	eck paly one)				
SICI		OSPITAL:	itlent 3 DOA	OTHER:	15.5-20070115	8 Other (Specify)				
PHYSICIAN: MEDICAL	27, MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DESCRIBE HO	W INJURY OC	CURED		
BY	1 Netural 5 Pending 2 Accident Investigation	00 PLACE OF BUILDING			rES 2 NO					
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif		eet, factory, offic		City or Town, St	et and Number ate)	r or Rural Route Number,		
PE	29a. CERTIFIER (Check only	N: To the best of my knowle	edge, death occurred	at the time, date	and place, and due	to the cause(a) and	manner as ste	ted.		
S S	one) 2 MEDICAL EXAMINER: 0	In the basis of examination	and/or investigation,	, in my opinion, d	eath occured at the	time, data and place	, and dua to th	ne cause(a) and manner as stated.		
BEC	SSO. SIGNATURE AND TITLE OF CERTIFIER	,			29c. LICENSE NUI	MBER S	29d. DAT	E SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	Print)	احدرر	-17		127170		
	ROB LAPPIA			x 122	2 Gol	dsboro	Md.	21636		
	NOV 26 '90	32 REGISTRAR'S SIGNA	-Randell							

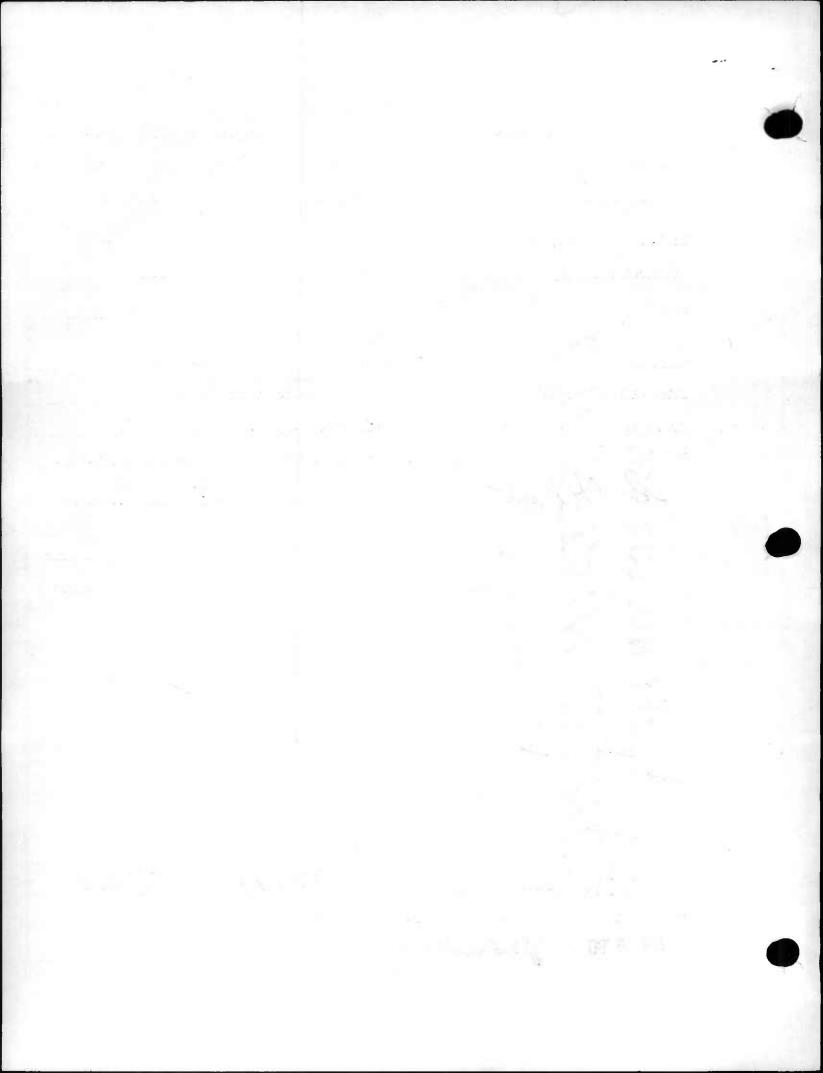


1 - FOR STATE REGISTRAR

-	1. DECEDENT'S NAME (First, Middle, Last) MARGARET ELNORA TONEY 2. DATE OF DEATH MONTH August 4, 1990 3. TIME OF DEATH 6:05 P												
P)	4. SOCIAL SECURITY NUMBER 236-72-7797		GE (In yrs. las 75	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B	IRTH	8. BIRTHI Country	PLACE (State or Foreign Ohio	
CTOR	Garrett County Me Residence of Decedent		pital		9b. CITY		land	ON OF DE	EATH		Garre		
DIRE	10s. STATE 10b. COUNTY	e ig h		10c. CIT	Mab:							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	General Deliver							871		SA	HAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR OF	ES 2 N	MED		f yes, sp		n, Mexice	NIC ORIGIN? (Sp n, Puerlo Ricen y:	- American Indian, White, etc. White			
COMPLETED	15. DECEDENT'S EDU (Specify anly highest grade Elementary/Secondary (0-12) unknown		18e. DE (Gi life.	Do NOT u	usual o work done ise retired.) emake	during m	ON ost of workin	ng	16b. KIN				
TO BE COI	John Elmer Grul 198, INFORMANT'S NAME (Type/Print)	bb		18. MOTHER'S NAME (First, Middle, Melden Sumame) Maude Cortella Penn 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zio Code)									
2	Mrs. Elnora Goad	2	20 N	N. 12th St. Oakland, Maryland 21550									
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donetion 8 Other (Specify) 21. SIGNATURE OF THE HALL SHIVE LICE	oval from State	other pie	PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 1 ue Ridge Memorial Gardens 1 22. NAME AND ADDRESS OF FACILITY 20c. LOCATION — City or Town, State other place) Prosperity, W									
	* Kelent H. d	Quet	M001	67						P.O. B - Oaklan		-	
CERTIFICATION											riest,	Approximate interval Between Onset and Daath 1. week years	
MEDICAL	PART II. Other algorificant condition ASHD CHF	th but not r	esulting	In the u	ndariyir	ng cause	given in		. WAS AN AUTOPS: PERFORMED? YES 2, NO		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO	HOSPITAL:	Outpatient 3	DOA	OTHE	R:			seck only one)	andhe)			
BY PHYSICI	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUI (Month, Day, Yea	RY	28b. TIR		28c. IN	JURY AT ORK? YES 2 [ace 6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
ETED !	3 Suicide 8 Could not be determined	28e. PLACE OF INJI building, etc. (URY — At ha Specify)	me, Jerm,	street, fac	tory, offi	ce		281. LOCATIO City or To	N (Street and Numb wn, State)	Per or Rural R	oute Number,	
COMPLE	anal .	ICIAN: To the best of my ki										and manner se stated.	
TO BE CO	296. SIGNATURE AND THE OF CHILD PER				DICENSE NUMBER 28d. DATE SIGNED (Month, Day, Year)								
	30. NAME AND ADDRESS OF PERSON WH Thomas G. Johnso	n, M.D.	311			th S	St.	0ak	land,	Maryland	1 2155	50	
	Thomas G. Johnson, M.D. 311 N. Fourth St. Oakland, Maryland 21550 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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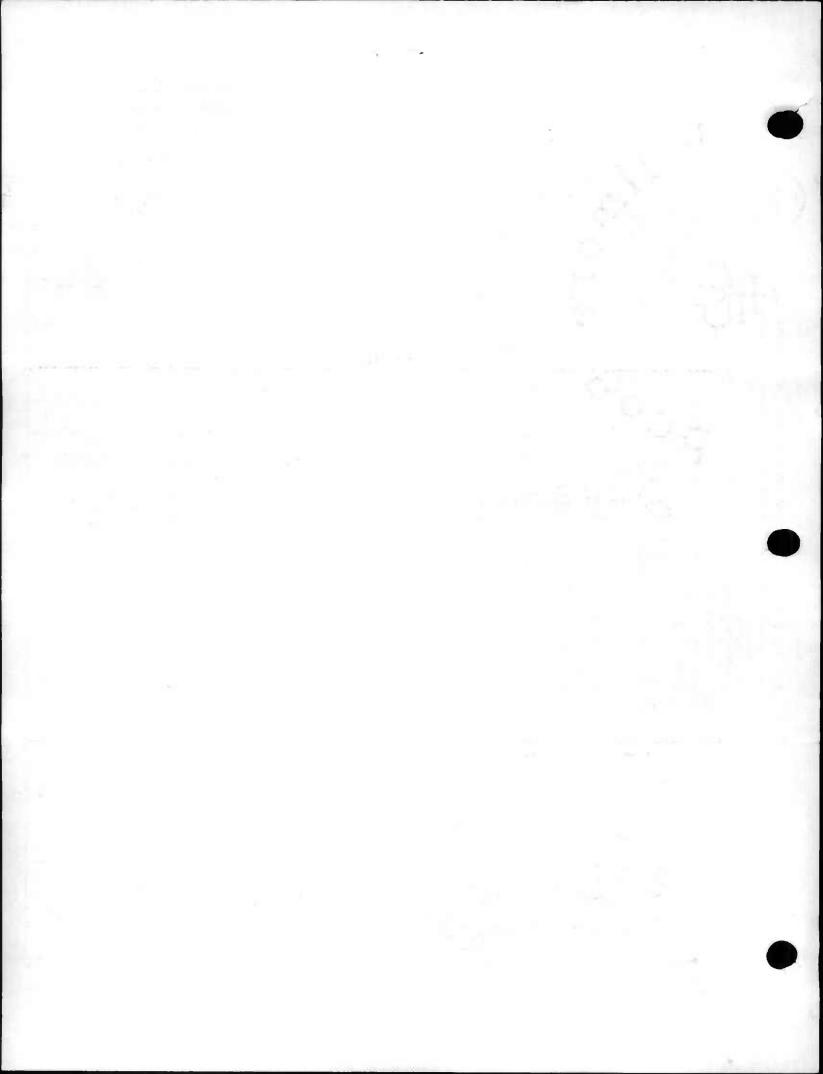


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examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detache al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
sr death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within American death, Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - REGISTRAR	C	ERTIFI	CATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF D	EATH DAY		MEAR	3. TIME OF D	EATH
	Baynard Bradfo	rd Th	omps	on		монтн 1 2	1 8		90	4:37	Рм
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH		8. BIRTI	IPLACE (State o	r Foreign
	217-36-0670 ½ M 2	□ F 87	YRS.	MONTHS DAYS	HOURS MIN.	08/14		,	Count	Md.	
	9a. FACILITY NAME (If not institution, give street and nurr			9b. CITY, TOWN C	R LOCATION OF DE		± / U		NTY OF C		
BY FUNERAL DIRECTOR	Meridian Nursing Cntr -		lls		reville			Ç)uee	n Ann	es
ñ	10e. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCAT	ION		10d. INSIDE C	TY			
뚬	Md. Oueer	Annes	Ce	ntrevi	lle		LIMITS?	□ NO			
7	10e. STREET AND NUMBER	- IIIIICO			. ZIP CODE			WHAT COUNTRY	77		
ER.	104 Tilgnman Terrace	Apt# 116			21617						
5	50505	S? 1 YES 2			ENDENT OF HISPAN		E — American I k, White, atc.	ndlan,			
BYF	1 Never Married 2 1 Married IF YES. 3 Wildowed 4 Divorced	GIVE WAR OR DATES			25 NO Specify		etc.)		Spec		2
B	15. DECEDENT'S EDUCATION	16a. Di	ECEDENT'S	USUAL OCCUPATION	N .	16b. KIND	OF BUS	INESS/IN	DUSTRY	***********	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) 6 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.) Farmer 18. MOTHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
4	6		Farm	or		Z	ari	cul	tur	_	
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA						
	William T. Thompson				Blanc	he Tea	at				
BE	19a. INFORMANT'S NAME (Type/Print)		b. MAILING	ADDRESS (Street a	nd Number or Rural I			, State, Zij	o Code)	2.1	(17
임	Mildred M. Thompso	n	104	Til obmor	Terrace	n Anti	1116	Co	ntr		1617
	200. METHOD OF DISPOSITION	20b, PLACE	OF DISPOS		netery, crematory or	AULT	20c. LO	CATION —	City or To	own, State	- 14101
	1 Surial 2 Cremation 3 Removal from S	tate other p	Gra	enshor	o Cemet	tary	Gr	oon	cho:	5M On	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		OI.	22. NAME AN	D ADDRESS OF FA	CILITY					
	1/1 1/2/1	//-			Helfenh						
		ulsen		106	Shamro	ck Rd.	_Ch	est	er I		
	23. PART I. Enter the diseases, or complication ahock, or heart fallure. List only of	ons that caused the d ona cause on each lin	eath. Do n a.	ot anter tha mo	da of dying, suc	h aa cardiac	or reapli	ratory ar	rest,	Approx	imata I Between
	IMMEDIATE CAUSE (Final	C		0		1				Onset	and Death
	disease or condition resulting in death)	Card	10	espire	STORY	ATTES	1			MIL	withs
		DUE TO (OR AS A CONSE	ardio Respiratory Arnsl as a consequence on: many Artiny Discuss - Recent MT								
N N	Sequentially list conditions, b.	OUE TO FOR AS A CONSE	277	try -	Disch	87 -1	rec	cent dit			
Ē	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OH AS A CONSE	OUENCE OF	·): /							
5	CAUSE (Disease or Injury	DUE TO (OR AS A CONSE	OUENCE OF	٦:						- i	
E	resulting in death) LAST			•							
CERTIFICATION	d										
	PART II. Other aignificant conditions contribu	ting to death but not	resulting i	n the underlyin	g cause given in	Part I. 24s.	WAS AN	AUTOPSY MED?	241	. WERE AUTOPS	
MEDICAL					W	1	YES 2			OF DEATH?	
WE						_				1 TES 2	□ NO
z											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)					
13	1103111	AL: ent 2 ER/Outpatient	3 DOA	OTHER:	e 5 🗆 Residence	8 - Other (Spe	ectfy)				
ξl		DATE OF INJURY Month, Day, Year)	28b. TIM		URY AT	28d. DESCRIE	E HOW II	NJURY OC	CURED		
BYF	1 Natural 5 Pending 2 Accident Investigation	worth, Day, Iber)	1100		YES 2 NO						
	3 Suicide 28e. I	PLACE OF INJURY — At houlding, etc. (Specify)	ome, farm, s	street, factory, offic		28f. LOCATION	N (Street a	nd Numbe	r or Rural	Route Number,	
뎶	4 Homicide determined	and (Goodly)				City or ion	vii. State/				
ا ڌ	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the	best of my knowledge, d	leath occurre	ed at the time, date	and place, and due	to the cause(s)	and man	ner as sta	rted.		
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the b									e) and manner	es stated.
8				o'wari' Misson's			11				
8	29b. SIGNATURE AND TITLE OF CERTIFIER	7	4.		29c. LICENSE NUI	Z/				Month, Day, N	
2	30. NAME AND AGORESS OF PERSON WHO COMPLET	TO CHIEF COL		0.7.4	-0-0-	/			101	277	,
·				•							
	Gottfried C Bauman 31. DATE FILED (MONTA) DATE OF 12. R	n Medica	Blo	a Ches	tertown	Md.	216	20_			
	DEC Z 1 30 32.4	The state of the s	010-11-10								
		-									

O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certifical DT THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy after your after death with the State Dept. of Health and Mental Hyglene MPDRTANT: If Item 28 is marked, or Item 23 shows any Injury, or other	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4-, Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hyglere prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR				TMENT					REG. NO.	E 0	90	37512	
	1. DECEDENT'S NAME (First, Middle, Last)	Ervin							2. DATE O	DA		YEAR	3. TIME OF DEATH	
	Lewis E	. Tuel	6. AGE (In yrs. last	e biotholou)	IF UNDER	4 VEAD	IF UNDER		7. DATE OF	16		90	1:45 a M	
	236 - 12 - 4303	1 X M 2 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	July	Day Vaer)	1013	Country	Virginia	
	9a. FACILITY NAME (If not institution, give st		- ''		9b. CITY	TOWN C	B LOCAT	ON OF DE		10,		UNTY OF DEATH		
œ	Memorial Hos					ast		011 01 01			t			
DIRECTOR	RESIDENCE OF DECEDENT	prear			100	asti	OII							
R	10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION Queenstown						10d. INSIDE CITY LIMITS?			
ā		n Anne's		Qu	eenst						1 💢 YES 2 🗌 NO			
FUNERAL	Main Street, P.O	. Box 6	4	101. ZIP CODE 21658							States			
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE WW	NT EVER IN U.S. AR I YES 2 D WAR OR DATES	MED 10	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 XXNO Specify: White									
ED	15. DECEDENT'S EDUC (Specify only highest grade	CEDENT'S	Work done	CCUPATIO	ON alt of worki	ina	16b. F	UND OF BU	SINESS/IN	DUSTRY				
COMPLETED	Elementary/Secondary (0-12)	work done (see retired.)												
MO	17. FATHER'S NAME (First, Middle, Last)				-			HER'S NA	ME (First, Mi	Retai				
C	Eli Nelson Tu	uel					Sa	ra .	Jane	Iman				
) BE	190. INFORMANT'S NAME (Type/Print)	Wife	19	b, MAILIN	G ADDRESS	S (Street a	and Numbe	or or Rural	Route Numbe	r, City or Tow	n, State, Zi	ip Code)		
2	Mary H. Tuel		M	ain	Stree	et,	P.O.	Box	64,	Queen	stown	n, MD	21658	
	Mary H. Tuel Main Street, P.O. Box 64, Queenstown, MD 21658													
	21. SIGNATURE OF FUNERAL SERVICE LIC			awii		NAME A	arto	n Fu	neral	Home				
ERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO	O (OR AS A CONSE	OUENCE (OF):								Onset and Death	
MEDICAL C	PART II. Other significant condition	resulting	g in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO						Y 24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only one)				
PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE C	ER/Outpatient : DF INJURY Day, Year)	28b. Ti	4 - Nu	28c. IN	JURY AT		6 Other	(Specify)	INJURY O	CCURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE building	OF INJURY — At h g, etc. (Specify)	ome, farm	M 1 YES 2 NO Tm, street, factory, office 281. LOCATION (Street end Number or Rural Route Num City or Town, State)							Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	500											s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	dens	NO					CENSE NU	203	Ъ'	29d. D/	ATE SIGNED	Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	32. REGISTI	PO PAR'S SIGNATURE	By	1 5	10		Spro	use	M.D.,	Que	ensto D c	Wn, MD 2/6,5-P	
	DEC 19 9	30	grina vavia	/301v-1	1.10	_								



8. BIRTHPLACE (State or Foreign Country) Delaware

3. TIME OF DEATH

1 YES 2 | NO

Approximate Interval Between Onset and Death Tocal

4:30A M

Clothing Production

20c. LOCATION — City or Town, State Denton, Maryland

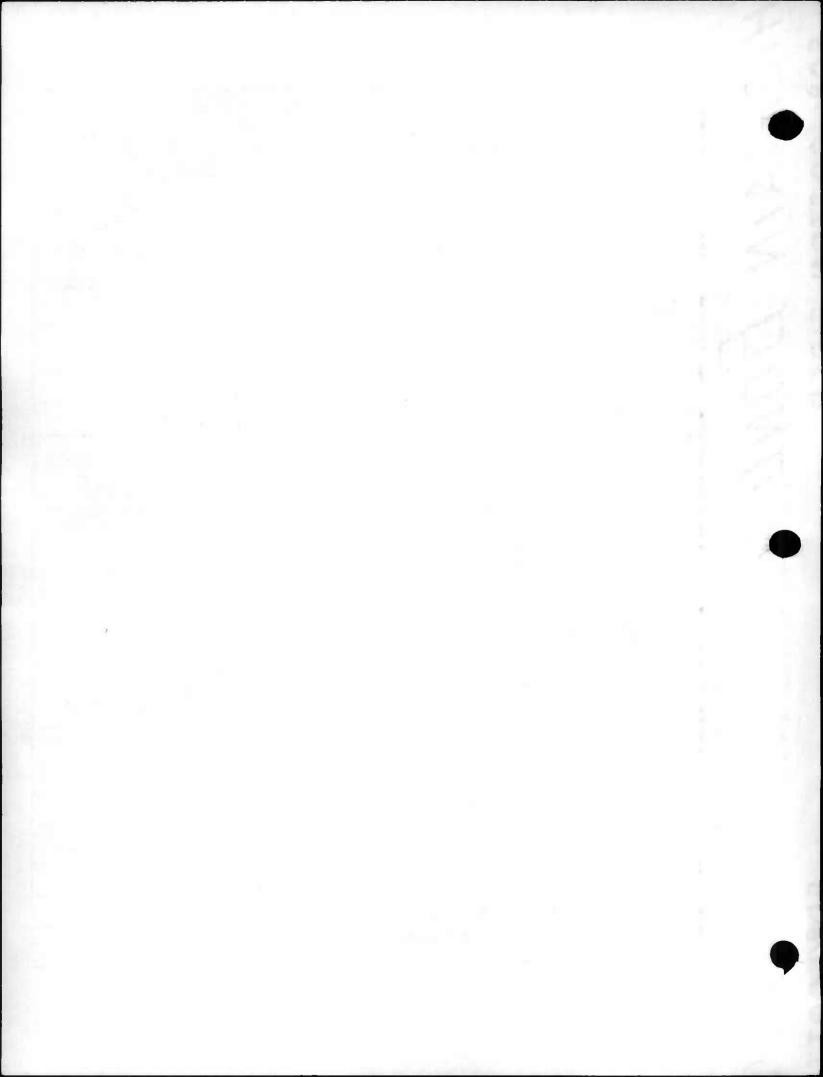
14. RACE — American Indian, Black, White, etc. Specify: Caucasian

		REGISTRAR		CE	RTIF	ICATE O	F DEATH	1	R	REG. NO			
		1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF	OEATH			3. TIME OF DEA
1									MONTH	D		YEAR	, ,
		Emilia.	1			deau		\rightarrow	1.0	31		990	4:
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR		HRS.	7. DATE OF I		1	B. BIRTHI Country	PLACE (State or I
		137-05-8356	1 □ M 2 💯 F	74	YRS.	MONTHS DAT	s HOOKS	MIN.	5 15	-	16 1		aware
Ž		9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNT								
. 60	œ	Moment - 7							m 11 .				
in	2	Memorial	Hosp:	ital		E.	aston		Talbot				
	DIRECTOR	10a. STATE 10b. COUNT	Y		ine Cri	Y, TOWN DR LO	CATION		10d. I				
8	三								LIM				
ji.			tlantic			H	ammont	con		1 YES 2			
permit	ERAL	10e. STREET AND NUMBER					101. ZIP COOE		10g. CITIZEN OF WHAT C				
is i	8	360 Valley Ave	nue				0803	37	U.S.A.				
AND 21203-3146 the hospital or attending physician. detached for use as the burlat-transit once.	FUN	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARI	MED	13. WAS I			ANIC ORIGIN? (Specify Yea or No. 14 BACE - Am				
o ja ja	五	1 Never Married 2 Married	FORCES? 1	YES 2 N	0				n, Puarto Rican, etc.) Black, White, etc.				
314 fing pl	A	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	1 ☐ YES 2 1 NO Specify:							Specify:	
3-3									Caucasia				
21203-3146 lal or attending phys for use as the buri	8	15. DECEDENT'S EDU (Specify only highest grad		16a. OE6	EDENT'S	USUAL OCCUPI	ATION most of working		16b, KINO OF BUSINESS/INDUSTRY				
212 al or for u	E	Elementary/Secondary (0-12)	College (1-4 or 5+	life.	Do NOT u	work done during se retired.)							
od the	4	8 vrs	None		Sear	stres	S		Clothing Production				
AND the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)					10 MOTHE	D'O NAM	E (First, Midd			_	
			Schumny				100000000000000000000000000000000000000				ourneme)		
4 8 4 K	BE	Nicholas S	chumny				201	hia	a wo	it			1000
MARY retained 5 should notified		19a. INFORMANT'S NAME (Type/Print)		19b	MAILIN		et and Number of						
M M	2	Eileen Wood		l I	Rt.3	Box	171B,	De	enton	, M	aryla	nd	21629
0 º m		20a. METHOD OF DISPOSITION		20h PLACE	DE DISPO	SITION (Name of	cemetery, cremet	201.01		200 10	CATION - C	the or Ton	um Ctata
ORE,		1X Burial 2 Cremation 3 Ren	noval from State	other pla			ory or						
IMORI Page 6 mi al director,		4 Donation 5 Other (Specify)	2777	- Dente	on (emete				De	nton	, Ma	arylan
=		21. SIGNATURE OF TUNERAL SERVICE L	CENSEE			22. NAME	AND ADDRESS	OF FAC	LITY	IF D	A DA	PALL	JER B
ALTII death. P funeral i.		* Handes	24- 116	are_		10001	S FULL	- Ni	71100	LOIP	110	211	29
B = 5 = 1		17 -1											04 1
d in by the or remove		23. PART I. Enter the diseases, br	complications that	t caused the de	eth. Do	not enter the	mods of dying	, such	es cardiec	or resp	iretory arre	st,	Approxi
filled in on, or re		shock, or heart fallure.	List only one cau	ise on sech line.									Interval
ing (1)		IMMEDIATE CAUSE (Final disease or condition	STORIC AND INC. PROPERTY CVA										
Thin Tati		resulting in death)	SEPSIS AND/OR LICURPENT CVA THO										TUCK
Mple Mil			DUE TO (OR AS A CONSEQUENCE OF):										11 -
13146, precures wi and compi	z		RECURPENT GENGRANETR, TOOT									His	
OX 131 be be execut sician and or rior to burit traumatic	CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):										
OX Oxer prior trau	7	If any, leading to immediats cause. Enter UNDERLYING	SEVE	es PE	210.	FRM	Wasau	1110	07				1/
	유	CAUSE (Disease or injury	C	(OR AS A CONSEC			10-00						+1-
5 5 5 1	F	that initiated events resulting in death) LAST	1		- 4	LTTUS	'n						į 🕶
V. # 82	E	Toolston, and could be a second	d. 17/10	RHS	7-12-1	21100							
0 10 2		DARY II Other circliness condition		death had a star									1
0 5 20 5	DICAL	PART II Other significant condition			bauiting	in the under	ying cause giv	/en in F	'art 1. 24		N AUTOPSY RMED?	246.	WERE AUTOPSY MAILABLE PRICE
CORC ires that signed by leafth an	8	Recent NOV.	- Howere	AGC C	UA				_ 1	☐ YES	2 NO		COMPLETION OF DEATH?
CO signed Health	w I												_ 1
REC v requ been :	Σ								-				1 YES 2
3 5 6 6	PHYSICIAN:												
VITAL SIAN: The la ritificate has he State De or Item 2	3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001711				. PLACE OF DEA	VTH (Che	ck only one)				
OF VITAL PHYSICIAN: The this certificate h with the State E rived, or item	S	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5 Resi	dence f	Other (S	nectfy)			
> Sertif	≥	27. MANNER OF DEATH	28a. DATE OF		26b, TI		INJURY AT				INJURY OCC	HOED	
ING PHYSIC Mer this ce eath with the	0	1 Natural 6 Pending	(Month, D			JURY	WORK?		zou. OEșchi	IDE HOW	INJUNT OCC	OHED	
DING P After the	B	2 Accident Investigation				M 1	YES 2	NO					
ON WDING Geath death	0	3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At ho	me, farm,	street, factory, o	office		251. LOCATIO	ON (Street	and Number	or Rural F	oute Number,
S Her 130 E	Ш	4 Homicide determined	bulling,	etc. (Specify)					City or a	bwn, State	"		
DIVISION OR ATTENDING DIRECTOR: Atter hours after death item 28 is ma	COMPLET	as converse 17											
	립		SICIAN: To the best of	my knowledge, de	ath occur	red at the time,	date and place, e	end due t	to the cause(s) and me	nner es state	d.	
PITAL ERAL II 72	2	one) 2 MEDICAL EXAMIN	ER: On the basis of e	xamination end/or	investigat	on, in my opinio	n, death occured	at the t	lme, date and	d place, a	nd due to the	cause(s	end manner ar
TO THE HOSPITAL TO THE FUNERAL Se filed within 72 IMPORTANT: IL		296, SIGNATURE AND TURLE OF GENTIFE	10					05.000	250			0101	44
표 필 등	BE		110				29c. LICEN	DE NUM	RER		29d. DATE	SIENED	(Month, Day, Yea
2 2 3 M	2	Lobert	M				1	نحک	w/		10	1/51/	70
FFA	0 1			SE OF OEATH (ITE	_			_					

art I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
k only o	ne)	
□ Oth	er (Specify)	
26d. OE	SCRIBE HOW INJURY OCCU	RED
	CATION (Street and Number of Town, State)	Rurel Route Number,

me, date and place, and due to the cause(e) end manner as stated. 29d. DATE SIGNED (Month, Day, Year) ER

KEVIN T, O'KEEFE, M.D. 31. DATE FILED (Month, 990) #2. REGISTMAN'S SIGNATURE Julia Daydoon-Mandell NOV 1

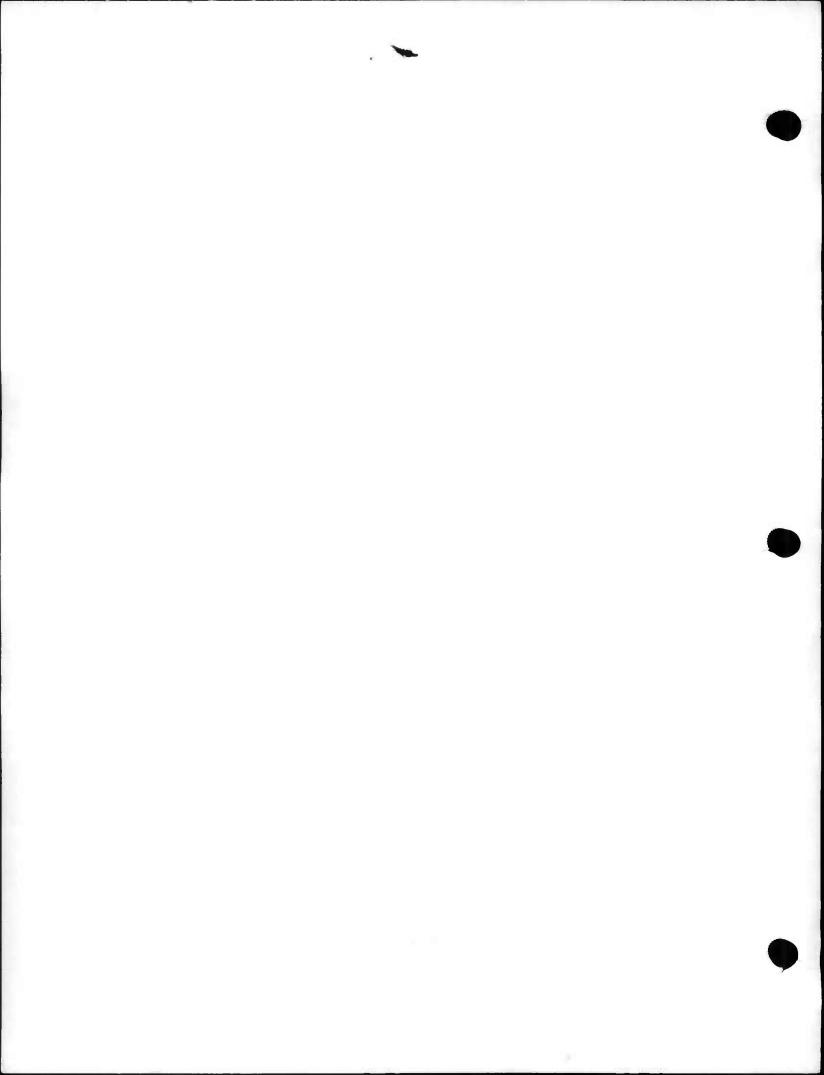


	1 - STATE REGISTRAR		STATE OF I	/ MARYLAND Ce	DEPAR ERTIF	TMENT ICATE	OF H	EALTH DEAT	AND N	MENTA	REG. NO.			0/01	
	1. DECEDENT'S NAME (First, A	Aiddle, Last)									OF DEATH			3. TIME OF DEATH	
		FLOREN	CE I	1, TOLLEN	CER					MONT	11-08		YEAR	08:15 P	
	4. SOCIAL SECURITY NUMBE		5, SEX	8. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	<u>0-90</u>	a. BIRTH	IPLACE (State or Foreign	
	916 16 4464		1 □ M 2 対 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 08-25-192		Country)			
	216 16 4464 9a. FACILITY NAME (# not inst			01		at corre	TOMBI C	R LOCATIO	OW OF DE		<u> </u>	<u>A</u>	NTV OF D	TY OF DEATH	
œ		_													
0	THE JOHNS		INS HOS	LTAL		<u> </u>	BALT	IMOR	E CI	ΓY		BAL'	<u> TIMO</u>	RE CITY	
EC		10b. COUNTY			10c, CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY	
DIRECTOR	MD	(Cecil			Pe	rrvv	rille						LIMITS?	
	10e. STREET AND NUMBER						~	. ZIP CODE	E			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	6	07 Ch	arles St	reet			- 1	21	903		1		USA		
ž I	11. MARITAL STATUS	1		IT EVER IN U.S. AR	RMED	13.	WAS DEC			IC ORIGI	N? (Specify Yea	or No		E — American Indian, k, White, etc.	
	1 Never Married 2 🔀 N	larried		YES 2 XI	NO			2 X NO			Rican, atc.)		Biac Spec		
B≺	3 Widowed 4 Divorce	ed						2 23 110	Openiy				White		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) 4 (Ret) Teacher 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Ret) Teacher 18. MOTHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)															
<u> </u>	Elamentary/Secondary (0-1		College (1-4 or 5	+) life.	. Do NOT u	se retired.)	during mo	at or workin	'n						
AP.			4	(R	et) '	reac!	her				Beauty	Sch	ool		
ő	17. FATHER'S NAME (First, Mid	idle, Last)			18. MOTHER'S NAME (First, Middle, Maid:						Middle, Malden S	Sumame)			
BE 0	John Jos	seph 2	Zambors	ky	Florence Liebrich										
	19a. INFORMANT'S NAME (Typ	oe/Print)		19	b. MAILING	ADDRESS	\$ (Street a	nd Number	or Rural F	Route Nur	nber, City or Town	, State, Zip	Code)		
임	Mr. Norman	E. To	ollenger		607	Char	eles	Stre	et,	Peri	ryville,	MD	219	003	
	20a. METHOD OF DISPOSITION		und from Chate	20b. PLACE other pl	OF DISPO	SITION (N	ame of cer	netery, cren	natory or		20c. LOC	ATION —	City or To	own, State	
ı	4 Donation 6 Other (wai from State	Har	ford	Mem	oria	l Ga	rden	ıs	Ab	erde	en,	MD	
	21. SIGNATURE OF FUNERAL	SERVICE LICI	ENSEE					ND ADDRE						1.21	
	ولايام		12	IR 2							ineral i				
	23. PART I. Enter the dis													Approximate	
	shock, or her		lat only one ca	use on each line	В.									Interval Between Onset and Das	
	disesse or condition	.	Cerron	1000	at	10	. 4	Lis		0				10.10	
	resulting in death)		DUE TO	OR AS A CONSE	OUENCE C)F):		4	UCA					10 years	
z						0									
은	Sequentially list condition if any, leading to immed		DUE TO	(OR AS A CONSE	OUENCE C	F):				-					
S	cause. Enter UNDERLYIN CAUSE (Disease or Injur														
E	that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSE	OUENCE C	F):									
CERTIFICATION	readiting in death) CAST		ı												
	PART II. Other significan	t conditions	contributing to	death but not	reaulting	in the u	nderiyin	g cause	given in	Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDING	
CAL											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
											1 120 2	X		OF DEATH?	
2															
M	25. WAS CASE REFERRED TO	MEDICAL					26. PI	LACE OF D	EATH (Ch	eck only	one)				
PHYSICIAN: MED	EXAMINER?		HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHE		00 E [] D	enidence	4 [] OH	her (Specify)				
H	27. MANNER OF DEATH		28a, DATE O	F INJURY	26b. TII	WE OF	28c. IN.	JURY AT	03/09/109		ESCRIBE HOW IF	NJURY OC	CUREO		
		Pending	(Month,	Day, Year)	7 IN	JURY O M	1 D	DRK?	NO NO						
BY		nvestigation	1 0	OF INJURY — At h	ome, ferm			7	A	26f. LC	CATION (Street a	nd Numbe	r or Rumi	Route Number	
ED		Could not be letermined	duliding	etc. (Specify)			,	-			y or Town, State)			Trous Training,	
<u> </u>	29a. CERTIFIER						_				. =				
COMPLET	(Check only		15	f my knowledge, d examination and/or										(a) and menner as stated.	
8	29b, SIGNATURE AND TITLE			examination and/or	invostigat	on, in my	opinion, e				na and piace, an				
BE	A A A	C	0.00	10.4	Λ			1/1-11	ENSE NUI	7.2 C	-7668	4	SIGNE	D (Month, Day, Year)	
2	30, NXME AND ADDRESS OF	PERSON WHO	COMPLETED CA	SE OF DEATH (ITE	EM 27) 77/m	e, Print)		IMJ '	-114	110			11/	0/40	
	MIGNICILL	11/0		Taha	15 L	lon	U:A	10	11	~ <a< td=""><td>to 1</td><td></td><td>1</td><td></td></a<>	to 1		1		
	31. DATE FILED (Month, Day,	mv ng	22. REGISTE	AR'S SIGNATURE	widson	30	9.00	7,		1	1464				
	11101915	0 0 7	40	June De	and door	-Mana	74106								

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



ITEMS:23 thru 28f per ME G-672 2/8/91 cm.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 37515

	REGISTRAR		OLIT	ILION	I L OI	DEATH	H	EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF			YEAR 3.	TIME OF DEATH
ì	WILLIAM JEN	NINGS T	hompson	1	т.	R .	12-	23-90)		5:22AM M
- 1	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthd	ly) IF UNI	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	энтн		, BIRTHPLA Country)	CE (State or Foreign
	212-78-4368	1-2 M 2 F	30 YR	MONTH	S DAYS	HOURS MIN.	(Month, Da	, , , , , , , , , , , , , , , , , , ,	. I		vland
	9a. FACILITY NAME (If not institution, give si	treet and number)		9b. C	ITY, TOWN C	R LOCATION OF OR		3700		Y OF DEAT	
r l	North Arandol He	agnital			Clon	Burnie			Anne	Arun	del County
UIHECTOR	North Arundel Ho	JSPILAI			GIEII	Darine			MILE	71L CIT	der couriey
Ĭ Į	10a. STATE 10b. COUNTY	Y	10c.	CITY, TOW	N OR LOCAT	ION				100	I. INSIDE CITY
5	Maryland Dueen	Anne's	C	nest	er					1 [YES 2 NO
ا ہ	10e. STREET AND NUMBER					ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
FUNEHAL	P.O. Box 165					21619				USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE			13. WAS DEC	ENDENT OF HISPAI			or No—		American Indian,
	1 Never Married 2 Married	FORCES? 1 Y	R DATES			2X NO Specifi	n, Puerto Ricen, etc.)			Specify:	nitili, etc.
à	3 Widowed 4 Divorced			* J I.							White
ED	15. OECEDENT'S EDU (Specify only highest grade		18a. DECEDEN	IT'S USUAI	L OCCUPATIO	ON at of working	16b. KIND OF BUSINESS/INDUST			STRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NO	OT use retire	ork done during most of working e retired.)						- 1
4	12		Mecha	nic	Ma	nager	Aut	omot	ive		
5	17. FATHER'S NAME (First, Middle, Last)	100				18. MOTHER'S NA	ME (First, Midd	lle, Maiden S	iumame)		- 9
ш	William Jennin	as Thomps	on Sr.			Kathry	n Sha	wn			
0 8	19a. INFORMANT'S NAME (Type/Print)			ING ADDR	ESS (Street a	and Number or Rural			State, Zip	Code)	
2	William I. I	homnson	SR D (). B	ox #	165 Che	ster	МД	216	19	
	20s. METHOD OF DISPOSITION 1 □ Burial 2 X Cremation 3 □ Rem		20b. PLACE OF DIS			metery, crematory or	0.001			ity or Town,	Stata
	1 Durial 2X Cremation 3 Rem	ioval from Stata	Metro (rom	ator	7 Tnc		Ra l	t i m	oro (Co. MD
15	21, SIGNATURE OF FUNERAL SERVICE LI		A COLO		22, NAME A	ND ADDRESS OF FA					
	14/ 1/	2////			Tom 1	Helfenb	ein F	'uner	al I	Homes	s, PA
	23. PART I. Enter the diseases, or	Kellenge	Low			Shamroc					21619 Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. MULTIPLE	INJURIES								Interval Between Onset and Death
ON	Sequentially list conditions, if any, leading to immediate	b. OUE TO (OR	AS A CONSEQUENC	CE OF):							
AT	cause. Enter UNDERLYING										
~	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUEN	E OF):							
T.											
RTF	resulting in death) LAST	d.									
		d					mat I.				
	PART II. Other significant condition	dna contributing to dee	th but not result	ing in the	underlyir	g cause given in	Part I. 2	Ia. WAS AN		A	ERE AUTOPSY FINOINGS ALLABLE PRIOR TO
		dna contributing to dee	th but not result	ing in the	e underlyir	g cause given in			MED?	A)	
MEDICAL CERTIFICATION		d	th but not result	ing in the	e underlylr	g cause given in		PERFOR	MED?	Al Co	MILABLE PRIOR TO OMPLETION OF CAUSE
EDICAL		d	th but not result	ing in the	a underlyir	g cause given in		PERFOR	MED?	Al Co	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
EDICAL	PART II. Other significant condition		th but not result		26. F	g cause given in		PERFOR	MED?	Al Co	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
EDICAL	PART II. Other significant condition	d		ОТ	26. F		heck only one)	PERFOR	MED?	Al Co	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
EDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 ☐ Inpattent 2 XX\$2 28a. DATE OF INJU	Outpatient 3 D	OA 4 G	26. F HER: Nursing Hot	LACE OF OEATH (C	heck only one)	PERFOR	MED?	A CO	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL	PART II. Other significant condition 25. Was CASE REFERRED TO MEDICAL EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL:	Outpatient 3 D	DA 4	26. F HER: Nursing Hot	LACE OF OEATH (C	heck only one) 8 Other (5	PERFOR	MED?	CUREO DR	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inputient 2 SORTI 28a. DATE OF INJ. (Month, Day, Ye 1 2 / 23 / 9 0 25a. PLACE OF IN.	Outpatient 3 D	OA 4 D	26, PHER: Nursing Hot 28c, IN W	LACE OF OEATH (C	heck only one) 8 Other (8 28d. OESC! TRUCK 28f. LOCAT!	PERFORE Specify) RIBE HOW II / FIXE	MED? NO NO NURY OCC	CUREO DR	ANLABLE PRIOR TO DOMPLETION OF CAUSE F DEATH? OXYES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	HOSPITAL: 1 Inpetient 2 SORTI 28a. DATE OF INJ. (Month, Day, N 15/23/90 25a. PLACE OF IN.	Outpatient 3 D	OA 4 D	26, PHER: Nursing Hot 28c, IN W	LACE OF OEATH (C	beck only one) 8 □ Other (S 28d. OESCF TRUCK 28f. LOCATI , City of	PERFORE Specify) RIBE HOW II / F I XF TOWN, State)	MED? NO NJURY OCC D OB Ind Number	CUREO DE TECT	ANLABLE PRIOR TO DOMPLETION OF CAUSE F DEATH? OXYES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXXYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER 1 CERTIFUNG PHYSI	HOSPITAL: 1 Inpartent 2 28s. DATE OF INJUINATE OF INJUINAT	Outpatient 3 Dirry 28t 28t 28t 3URY — At home, 1	OA 4 OTIME OF INJURY 2 2 0 airm, street,	26. FMER: Nursing Hot 28c. IN M 1	LACE OF OEATH (Come 5 Residence Juny AT ORK? YES 2 NO	heck only one) 8 Other (8 28d. OESCF TRUCK 28f. LOCAT: City or Rt. 1	PERFOR	MED? NO NO NUMBER NO NUMBER NUMBER NUMBER	SUREO DE LE COMPANION DE LA CO	MALABLE PRIOR TO DOMPLETION OF CAUSE F DEATH? ONVES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XDXYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Societée 6 Could not be determined 29a. CERTIFIER (Check only one) XXMEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER AUDIGALS	HOSPITAL: 1 Inpartent 2 MRU 28s. DATE OF INJ. (Month, Day, W 12/23/90 25s. PLACE OF IN. Dullding, etc. ROADWAY SICIAN: To the best of my I JER: On the basis of axamis	Outpatient 3 Diry 28t	OA OT! OA OA! OA OT! OA OA! OA OT! OA OA! OA OT! OA OA! OA OT! OA	26. PHER: Nursing Hot 28c. IN M 1	LACE OF OEATH (C The 5 Residence JURY AT ORK? YES 2 NO ca a and place, and du death occured at th	beck only one) 8 Other (S 28d. OESCF TRUCK 28f. LOCATI City or Rt. 1	PERFOR	MED? NO NJURY OCC ED OB and Number ANNE there as stated due to the	ARUND	MALABLE PRIOR TO DOMPLETION OF CAUSE F DEATH? CYES 2 NO IMPROPRIED NO IMPROPRI
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XDXYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Societée 6 Could not be determined 29a. CERTIFIER (Check only one) XXMEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER AUDIGALS	HOSPITAL: 1 Inpartent 2 XXX 28s. DATE OF INJU 28s. DATE OF INJU 25s. PLACE OF IN Duilding, etc. ROADWAY SICIAN: To the best of my Interest of the basis of examination of examination of the basis of examination of examination of the basis of examination of exa	Outpatient 3 Diry 28t	OTTODA 4 TIME OF INJURY 2 2 2 3 arm, street, tigetion, in	26. PMER: Nursing Hot 26c. IN W 1	LACE OF OEATH (C	and the cause of time, data and JMBER	Specify) NIBE HOW II ON (Street of Roym, Stelle) (a) and marnd place, an	NJURY OCC ANJURY OCC AND AND AND AND AND AND AND A	TUREO DE LA RUND ARUND ed. be cause(a) if 12-2.	MALABLE PRIOR TO DOMPLETION OF CAUSE F DEATH? CYES 2 NO IMPROPRIED NO IMPROPRI
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XDXYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) XMEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER AND ALL STAMIN 30. NAME ANO ADDRESS OF PERSON W	HOSPITAL: 1 Inputtant 2 SUR 28a. DATE OF INJ. (Month, Day, W 1 2 3 90 25a. PLACE OF IN, Building, etc. ROADWAY SICIAN: To the best of my HER: On the best of axamile THO COMPLETEO CAUSE O MD 32. REGISTRAR'S	Outpatient 3 D JRY 28t Specify) URY — At home, f. Chowledge, desth on antion and/or investing and the specific speci	TIME OF INJURY 2 U at arm, street, arm, street, injury at ignificant injury. The injury is a street, injury injur	26. FNursing Hotel 28c. IN W 1	LACE OF OEATH (Come 5 Residence JURY AT ORK? YES 2 NO Ca a and place, and dudesth occured at the	and the cause of time, data and JMBER	Specify) NIBE HOW II ON (Street of Roym, Stelle) (a) and marnd place, an	NJURY OCC ANJURY OCC AND AND AND AND AND AND AND A	TUREO DE LA RUND ARUND ed. be cause(a) if 12-2.	ALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? CYES 2 NO TOTAL NUMBER THE Number, THE COUNTY and manner as stated. fonth, Day, Year) 4-90

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40,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director man be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
DIVISION OF VITAL RECORDS, F.O. BOA 13146,	e be exect	sician and	traumati
5	n certificat	nding phy Hygiene p	or other
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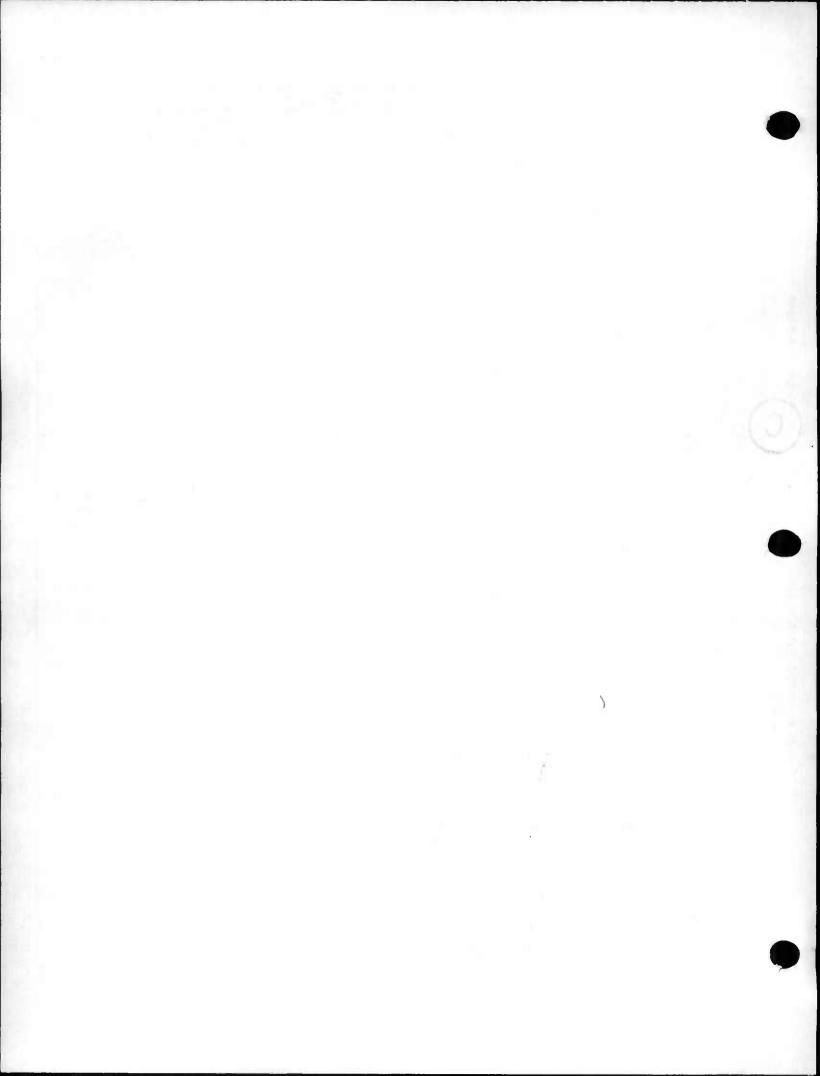
JAN 0 9 91

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last)			CATE OF		REG. NO		3. TIME OF DE	ATH
	Mary R.	Toohey			Dec. 2		90 5:00	AM
011 00 1100	5. SEX 6. AGE (I	n yrs. last birthday) 96 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURA MIN.	7. DATE OF BIRTH (Month, Day, Year) July 6 18		BIRTHPLACE (State or Country) Country)	
	FACILITY NAME (if not institution, give street and number) 13032 Marquette Lane			9b. CITY, TOWN OR LOCATION OF DEATH BOWIE			of DEATH e Georges	
Maryland Princ	e Georges		, town or locat				10d. INSIDE CILLIMITS?] NO
13032 Marquette L	ane			ZIP CODE 0715			of what country	1
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	YES 2 NO If yes, specify		cify Cuban, Mexicen, Puerto Ricen, etc.)		e or No— 14		
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of v life. Do NOT us	s usual occupation I work done during most of working use retired.) usekeeper		186. KIND OF BUSINESS/INDUS			
17. FATHER'S NAME (First, Middle, Last) John Doyle					AME (First, Middle, Meider eth Burnes	Sumeme)		
190. INFORMANT'S NAME (Type/Print) Elizabeth T. Lloyd	1				Route Number, City or Tow Bowie Ma		20715	
20e. METHOD OF DISPOSITION 1 Remov 4 Donation 5 Other (Specify)		other place) acred He				ocation — city wie Mat	y or Town, State ryland	
21. SIGNATURE OF FUNERAL SERVICE LICE		Pres	22. NAME AN Beal:	D ADDRESS OF FA	Funeral Ho			715
23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause on ea	ach line.	ot enter the mo	de of dying, suc		oiratory arres	t, Approxi	mete Betwee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7:	-				
PART II. Other algnificent conditions	contributing to death b	ut not reaulting	n the underlying	cauae given ir		RMED?	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH? 1 YES 2	OR TO F CAUSE
	HOSPITAL:	petient 3 DOA	OTHER:	ACE OF DEATH (C	heck only one) 8 Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM				ESCRIBE HOW INJURY OCCURED		
3 Suicide a Could not be	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street City or Town, State		Rural Route Number,	
4 Homicide determined								

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Savidson-Randalle



2. DATE OF DEATH

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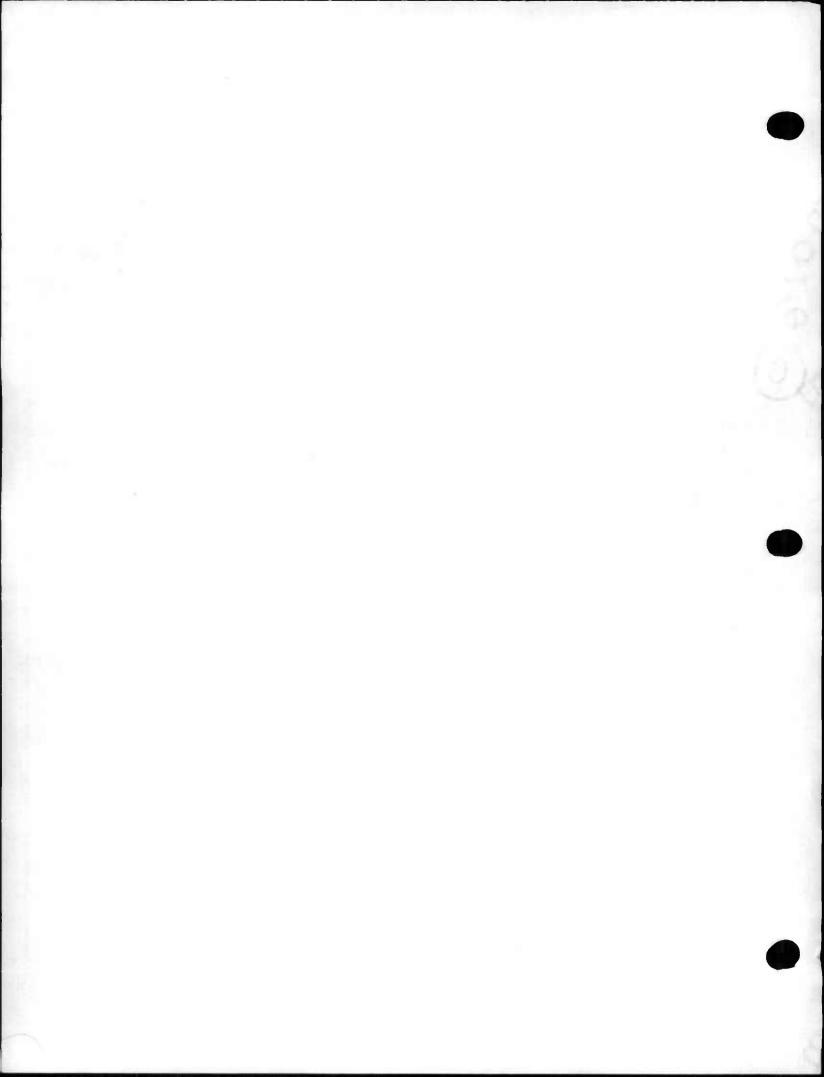
AM THADDEUS MARKUS TEASLEY 90 8:18 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Morith, Pay, Year) 12/20/59 DAYS HOURS 1 X M 2 - F 31 Wash., D.C. 78 8253 218 뭐 9c. COUNTY OF DEATH 9a, FACILITY NAME (If not Institution, give street and number, 9b. CITY, TOWN OR LOCATION OF GEATH DIRECTOR 1633 Tulip Avenue Forestville Prince George's 10d. INSIDE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10s. STATE Maryland PG Forestville X YES 2 NO 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 1633 Tulip Avenue 20747 United States 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1X XNever Married 2 Married Specify: Black BY 3 Widowed 4 Divorced COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complet (Spe mentary/Secondary (0-12) College (1-4 or 5+) 12th Grade none 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Percy Teasley Christine Terrell notified at 86 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) 2 Christine Teasley 6708 Vermont Court Landover, Maryland pe 20a, METHOD OF DISPOSITION
Y Burial 2 Cremation 3 Ramoval from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State Fort Lincoln Cemetery must Brentwood, Maryland 4 Donation 5 Other (Specify) IL MATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner Stewart Funeral Home 23. ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, medical Approximate Interval Between shock, or heart fallure. List only one cause on each ilne. Onset and Death IMMEDIATE CAUSE (Final 1 disease or condition . NARCOTIC ABUSE resulting in death) event. QUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior 1 CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 20 any Injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? signed by the Health and 1 X YES 2 □ NO Shows 1 X YES 2 NO t. of PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL: OTHER: 1 X YES 2 | NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 - Nursing Home 5 X Residence 8 - Other (Specify) 0 28b. TIME OF INJURY UNKNOWN 27. MANNER OF DEATH 28a, DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, this c 12/24/90 UNKNOWN 1 Natural 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Burel Route Number of Burel Ro 3 Suicide 8 Could not be 69 DIRECTOR: / COMPLETED 4 | Homicide 28 llem 29s. CERTIFIER
(Check only one)

TY unpout EXAMINED, On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL within 72 h 2 X MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as stated. MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE THE Bill 出 30. NAME AND ADDRESS OF PERSON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) OCME 12-25-90 2 90 2 M.D., Deputy Chief Donald G. Wright, 111 Penn Street, Baltimore, MD 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Dev. Year) 7 '91 Davidson Randall 0

law requires that the death The ATTENDING DR HOSPITAL

DHMH-16 Rev 1/89

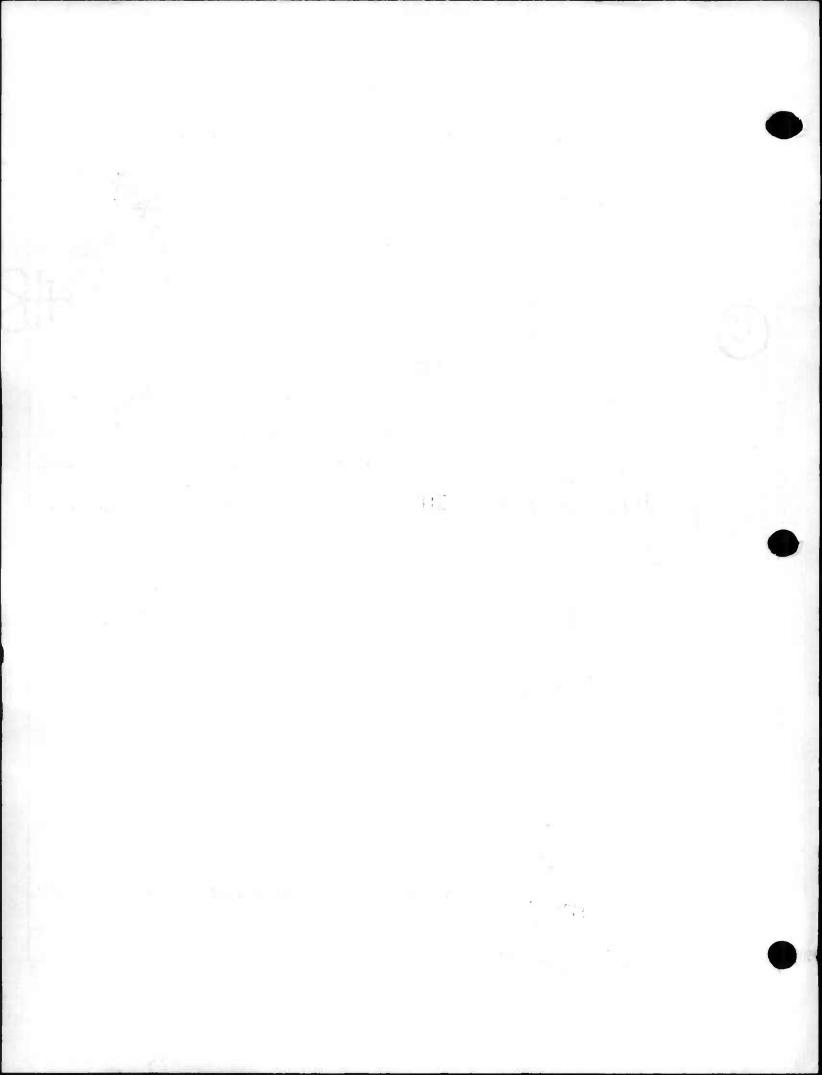


DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
		C	FRTIFICATE	O	F DEAT	TH .		REG N	IO.

	1 - FOR STATE OF MAP	RYLAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND	MENTAL HYGIENE REG. NO.		1.0			
	1. DECEDENT'S NAME (First, Middle, Last)	02.11.11.03.11		2. DATE OF DEATH		3. TIME OF DEATN			
ì	DOROTHY Elizabeth	TATE		Dec. 17.	1990 YEAR	10:18 A.M			
		AGE (In yrs. lest birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7, DATE OF BIRTN	8. BIRT	NPLACE (State or Foreign			
	578-20-2025 1 M 2X F 6	7 YRS. MONTHS	DAYS HOURS MIN.	June 13, 192	Coun Wasi	n. D.C.			
	9a. FACILITY NAME (If not institution, give street and number)		TY, TOWN OR LOCATION OF D		9c. COUNTY OF				
DIRECTOR	Prince George's Hospital Cheverly Prince Georg								
Ä	10a. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION	· · · · · · · · · · · · · · · · · · ·		10d. INSIDE CITY LIMITS?			
	District of Columbia	Wasl	nington			1 X YES 2 1 NO			
FUNERAL	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
Ä	2708 Sherman Avenue,. N		20009			d States			
5	11. MARITAL STATUS 1 □ Never Merried 2 ☑ Merried 12. WAS DECEDENT EV FORCES? 1 □	YER IN U.S. ARMED 1.	3. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexico		or No- 14. RAC Black	E — American Indien, ck, White, etc.			
à	3 Widowed 4 Divorced	OR DATES	1 YES 2 NO Specif		Specify:				
	15. DECEDENT'S EDUCATION	18a. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUS		ack			
	(Specify only highest grade completed)	(Give kind of work dor	ne during most of working	160. KIND OF BOS	INESS/INDOSTRT				
	Elementary/Secondary (0-12) College (1-4 or 5 +)	Retired		D.C.	Governm	ont			
COMPL	10th Grade	Nectited	16. MOTNER'S N	ME (First, Middle, Meiden S		lent			
	Unknown			orothy El		h Drooks			
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRE	ESS (Street and Number or Rural			II BLOOKS			
2	Milton Tate	200000000000000000000000000000000000000	8 Sherman A			D C			
	20a. METHOD OF DISPOSITION FE Burlel 2 Cremation 3 Removal from State	20b. PLACE OF DISPOSITION			CATION — City or 1				
	₹ Buriel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	other place) Lincoln Me	emorial Cem	etery Sui	tland	Maruland			
	21. SIGNATURE OF FANERAL SERVICE LICENSEE	, 2	2. NAME AND ADDRESS OF F	ICILITY		BOLYTON			
	* Inhai	t	Stewart Fu						
	23. PART/LEnter the diseases, or complications that ce		4001 Bennin			Sh. D.C.			
	ahock, or heert failure. List only one cause		ter the mode of dying, aut	cii as cerdiec or reapii	ratory arrest,	interval Between			
	IMMEDIATE CAUSE (Final disease or condition	NE Que	-01	0 9710	4.	Onset and Death			
	resulting in death)	AS A CONSEQUENCE OF:	> V - T/	VUS.	A				
-	Ongawi Regain - Andrews.								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	AS A CONSEQUENCE OF):	10 confi	00	2 1/				
SA	cause. Enter UNDERLYING CAUSE (Disease or Injury	wode of	ino Hr	194-1	dille	20.			
E	that initiated events	AS A CONSEQUENCE OF		00 /					
E	resulting in death) LAST								
	PART II. Other significent conditions contributing to de-	ath but not resulting in the	upderlying cause given in	Part I. 24a, WAS AN	AUTOPSY 26	b. WERE AUTOPSY FINDINGS			
SAL	A Tariar 1		alton	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
0		- PARTA			□ NO				
III I	- No was	1.0	MANGO	1 🗆 YES 2		OF DEATH?			
MEDIC.	Ann	ja	MANGO -	1 YES 2		1 YES 2 NO			
	ANM 25 WAS CASE REFERRED TO MEDICAL	ja							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	300	28. PLACE OF DEATH (C	heck only one)					
	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 280. DATE OF INJ	Woutpetient 3 DOA 4 I	28. PLACE OF DEATH (C) IER: Nursing Home 5 Residence	heck only one)	NJURY OCCURED				
PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH Netural 5 Pending Pending	Woutpetient 3 DOA 4 I	28. PLACE OF DEATH (C	heck only one)	NJURY OCCURED				
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28. DATE OF INN. (Month, Dey, 1) 2 Accident investigation 3 Suircide 28. PLACE OF IN.	VOutpettent 3 DOA 4 BURY 28b. TIME OF INJURY M	26. PLACE OF DEATH (C) IEER: Nursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO	heck only one) 6 Other (Specify) 28d. DESCRIBE HOW II		1 YES 2 NO			
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Notural 5 Pending Investigation 28e. DATE OF INJ (Month, Day, 1)	VOutpettent 3 DOA 4 BURY 28b. TIME OF INJURY M	26. PLACE OF DEATH (C) IEER: Nursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO	heck only one) 6 Other (Specify) 28d. DESCRIBE HOW II		1 YES 2 NO			
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 1 Homicide 8 determined	A/Outpetient 3 DOA 4 DE STATE OF INJURY MINURY MINU	28. PLACE OF DEATH (CIER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	heck only one) 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)	and Number or Rura	1 YES 2 NO			
BY PHYSICIAN:	EXAMINER? 1	NOutpetient 3 DOA 4 B	26. PLACE OF DEATH (C) IER: Nursing Home 5 Gesidence 26c. INJURY AT WORK? 1 GYES 2 NO factory, office	heck only one) 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street of City or Town, State)	and Number or Rura	1 YES 2 NO			
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28e. DLACE OF IN building, etc. 27. MEDICAL EXAMINER: On the basic of examination of the basic of the basic of examination of the basic of examinatio	NOutpetient 3 DOA 4 B	26. PLACE OF DEATH (CIER: Nursing Home 5 Residence 26. INJURY AT WORK? 1 YES 2 NO factory, office	heck only one) 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street of City or Town, State) ie to the cause(e) end mare a time, date and place, an	and Number or Rura	1 YES 2 NO			
BY PHYSICIAN:	EXAMINER? 1	NOutpetient 3 DOA 4 B	26. PLACE OF DEATH (C) IER: Nursing Home 5 Gesidence 26c. INJURY AT WORK? 1 GYES 2 NO factory, office	heck only one) 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street of City or Town, State) ie to the cause(e) end mare a time, date and place, an	and Number or Rura	1 YES 2 NO			
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1	NOutpetient 3 DOA 4 DE 1 NOUTPY 28b. TIME OF INJURY M NOUTPY At home, farm, street, (Specify) Nowledge, death occurred at the inetion end/or investigation, in m	26. PLACE OF DEATH (CIER: Nursing Home 5 Residence 26. INJURY AT WORK? 1 YES 2 NO factory, office	heck only one) 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street of City or Town, State) ie to the cause(e) end mare a time, date and place, an	and Number or Rura	1 YES 2 NO			
E COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28e. DLACE OF IN building, etc. 27. MEDICAL EXAMINER: On the basic of examination of the basic of the basic of examination of the basic of examinatio	NOutpetient 3 DOA 4 DE 1 NOUTPY 28b. TIME OF INJURY M NOUTPY At home, farm, street, (Specify) Nowledge, death occurred at the inetion end/or investigation, in m	26. PLACE OF DEATH (CIER: Nursing Home 5 Residence 26. INJURY AT WORK? 1 YES 2 NO factory, office	heck only one) 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street of City or Town, State) ie to the cause(e) end mare a time, date and place, an	and Number or Rura	1 YES 2 NO			
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1	VOutpetient 3 DOA 4 B	26. PLACE OF DEATH (CIER: Nursing Home 5 Residence 26. INJURY AT WORK? 1 YES 2 NO factory, office	heck only one) 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street of City or Town, State) ie to the cause(e) end mare a time, date and place, an	and Number or Rura	1 YES 2 NO			



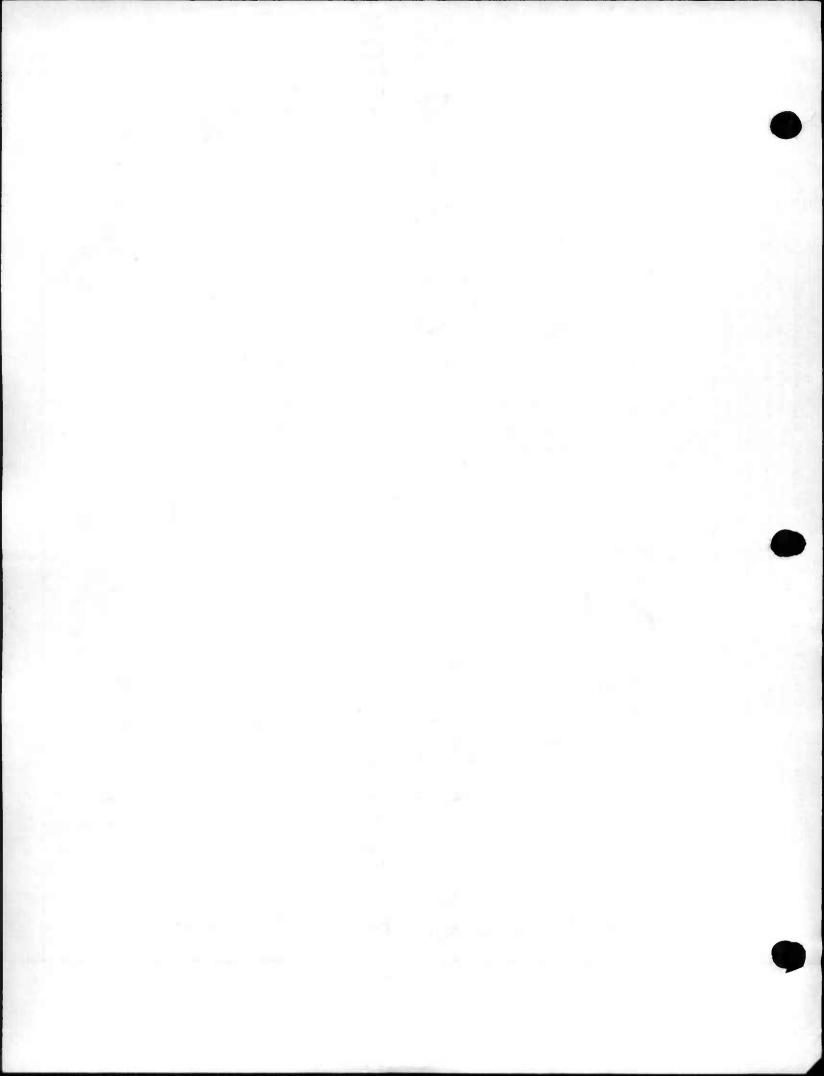
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the part of the death of the second of th DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAN				ERITI	CATE O	F DEAT	п	REG. NO.			
1. OECEOENT'S NAME (First		ebecca	Vane	V	'oshe	11		2. OATE OF DEATH MONTH DA	7 6	YEAR 3.	TIME OF OEATH
4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs. I	est birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			CE (State or Foreign
217-36-039	99	1 - M 2 F	81	YRS.	ONTHS DAYS	HOURS	MIN.	9 5 1 9	09	Mary	
9s. FACILITY NAME (If not in	astitution, give st	treet end number)			96. CITY, TOWN	OR LOCATIO	N OF DEA	ТН	9c. COUN	TY OF DEAT	
Wesleyan I	Healt!	h Care	Center		Den	ton			C	Carol	ine
10s. STATE	106. COUNTY	1		10c. CITY,	TOWN OR LOC	CATION				100	d. INSIDE CITY
Maryland		Caroli	ne .			Pre	esto	n		1 (LIMITS?
10e. STREET AND NUMBER					1	10f. ZIP COOE			- 7	EN OF WHA	COUNTRY?
Gannon Ro	oad			4.7			21	655	U.S	5.A.	
11. MARITAL STATUS 1 Nover Merried 2 3 Widowed 4 Divo			IT EVER IN U.S. A YES 2 NAR OR DATES		If yes,	ECENDENT OF SPECIFY Cubern ES 2 NO	, Mexicen,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	Specify:	American Indian, hite, etc.
	EDENT'S EDUC		16a, [DECEDENT'S U	SUAL OCCUPA	TION		16b. KINO OF BUS	SINESS/INDU		4514
Elementery/Secondary (College (1-4 or 5		fe. Do NOT use	ork done during i retired.)	most of working	9				
11 yrs. dr		None		ales	Repre	senta	ativ	e Seed	Corr)	
17. FATHER'S NAME (First, N		.,,,,,,						E (First, Middle, Melden			
Levi Vo	shell							e Perry			
190. INFORMANT'S NAME (1	19b. MAIL ING	OORESS /Street			ute Number, City or Town		Code1	
		i ala	-								D 21620
M. Ruth V		ICK	005 01 00		TION (Name of			treet, I			
Burlel 2 Cremetic	on 3 🗆 Reme	oval from State	other	place)	der C		,			or Town, Ma	ryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSER	1			ANO AOORES					
* Kay	dolo	4011	bur					1 Home, ond St.,			MD 2162
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING Iry	b. Per oue to	OF AS A CONS	EQUENCE OF)	sculor	- 015	ieas	e			
PART II. Other algorifica	ont condition	S contributing to	death but not	t resulting in	the underly	Ing cause g	Iven in P	art I. 24a. WAS AN PERFOR	MED?	AW CO OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL				26.	PLACE OF DE	ATH (Chec	k only one)			
EXAMINER?	-	HOSPITAL:	FR/Outrotte-4	3 🗆 004	OTHER:						
27. MANNER OF DEATH		28e. DATE O		28b. TIME		NJURY AT		Other (Specify) 28d. DESCRIBE HOW II	NJURY OCC	URED	
_/	Pending Investigation	(Month, I	Day, Year)	INJU	M 1	WORK? YES 2		negotine now it		-1100	
3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — At , atc. (Specify)	home, farm, st	reet, factory, of	fice		281. LOCATION (Street e City or Town, State)	and Number	or Runal Route	Number,
anal								o the cause(s) end men			d manner as stated.
29b. SIGNATURE AND TITLE	of celtifier				4	29c. LICE	NSE NUME	D94	29d, DATE	SIGNED (MO	onth, Day, Year)
30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	SE OF DEATH (IT	TEM 27) (Type, 1		Pela	2 1/	ld. 216	71	1 1	
31. DATE FILED (Month, Day),	999	32. REGISTR	AT DENATURE	n-Manda	SO (0	C300	0 10	ar 216	J6		
									_	_	

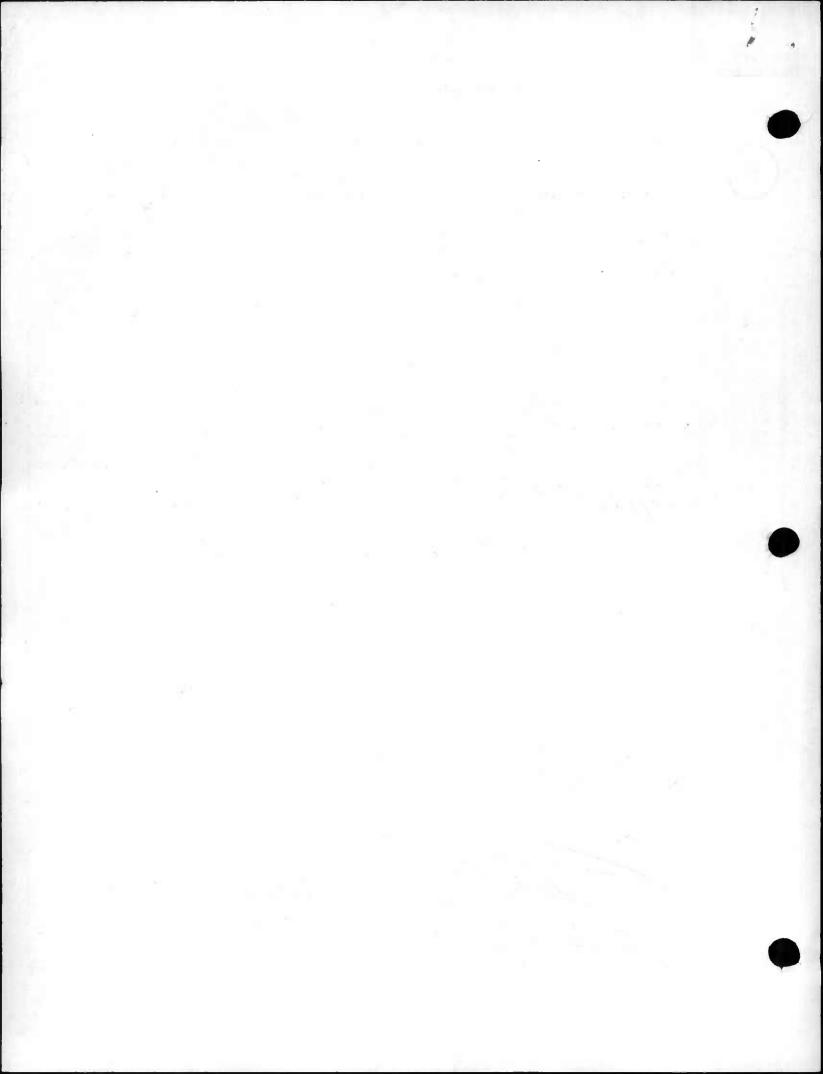


DHMH-16 Rev 1/89

	Sages	~~	-ve
	permit.		
hysician.	ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
IN. The law requires that the death certificate be executed within Za hours after death. Page 6 may be retained by the hospital or attending physician.	se as the b		
spital or	ned for us		
by the ho	be detach		at ones
retained	5 should		notified
э шай ре	tor, page		and take
h. Page I	eral direc		miner m
after deal	by the fun	moval.	ical exa
24 hours	filled in I	ion, or re	he med
od within	отрietely	il, cremat	event.
be execut	ian and c	or to buria	aumatic
ertificate	ing physic	rgiene pric	other to
e death c	he attend	Mental Hy	inry or
hat th	i by t	and	ni va
equires ti	en signed	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	houre as
JAN .	as be	lept.	23 e
The	ate h	tate D	met
ż	fic	S	-

STATE OF	MARYLAND	/ DEPARTMENT	OF HEA	ALTH AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF D	EATH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIEN REG. NO.	E		,,,,,	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	E DEATH		3. TH	ME OF DEATI	Н
	ROBERT CALVIN V	VISE, JR.				SEPTE	MBER	7, 199	00 10	30	Рм
. 3	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ('in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2 DATE OF	E DANTELL			E (State or For	reign
	219-20-8943	1 XM 2 - F 7	9 YRS.	MONTHS DAYS	HOURS MIN.	JAN.	30, 1		MARYI	AND	
œ	98. FACILITY NAME (If not institution, give BAYSIDE NURSING (OR LOCATION OF DE			9c. COUNTY			
DIMECTOR	RESIDENCE OF DECEDENT	ENIER		TEXTING	STON PARK	(ST.	MARY '	S	
E C	10a. STATE 10b. COUNT		10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
		MARY'S	Gl	REAT MII	LS					YES 2 X	NO
3AL	104. STREET AND NUMBER	TAN DOTTO D	010	10	I. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	P.O. BOX 14, INI			20634			U.S.A.				
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2. NO	If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxica	en, Pusrto Ric		or No- 14.	Black, Whit	merican India la, etc.	in,
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 NO Specif	fy:			Specify: WHITE	3.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION COMPleted	16s. DECEDENT'S	USUAL OCCUPATION done during me		16b. I	KIND OF BUS	SINESS/INDUST		-	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e retired.)			CE	AVEL C		TS Z	
MP	8TH GRADE		CRANE	E OPERAT					CMPAN	IΧ	
	17. FATHER'S NAME (First, Middle, Last)	on on			18. MOTHER'S NA			Sumame)			
BE	ROBERT COOMBS WI	SE, SR.	10h MAILINO	ADDRESS (Street	NETT and Number or Rural	CIE GR	4.2.2	n Canto Tin Co	ela l		
5	PAT LEE ROBERTSON	1	7.90	The same of the same of	GREAT MI						
	20g METHOD OF DISPOSITION	206	. PLACE OF DISPOS					CATION — City	0634 or Town, St	tota	
	1 X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	toval from Stata	other place) EBENEZEI	R CEMETE	RY		LEX	INGTON	DARK	MD	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	7	22. NAME A	ND ADDRESS OF FA						
	muland	Hard.			GLEY-GAR OX 270.						
	23. PART Enter the diseases, or	complications that cause	d the dasth. Do n	ot sater the mo	ode of dying, suc	ch ss cardi	sc or respi	ratory arrest	YLANL	Approxima	
	shock, or hasrt failure. IMMEDIATE CAUSE (Final	. List only one cause on a	sch line.				_			Interval Be Onset and	
	disease or condition resulting in deeth)	Melastate	e Adeno	care	more a	10	olo	2	İ		
	resulting in oseth)	DUE TO (OR AS A	CONSEQUENCE OF	7:	(1					
Z	Sequentially list conditions,	b				7					
CERTIFICATION	It any, leading to immediate couse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	י):							
FIC	CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS /	A CONSEQUENCE OF	j:							
FI	resulting in deeth) LAST	4									
	PART II. Other significant condition	no contribution to death t		- 4 4 -4-1-		D-11					
CAL	PART II. Other significant condition	na contributing to esath b	out not resulting i	n the underlyin	g csuss given in	Part I.	24a. WAS AN PERFOR		AWAIL	E AUTOPSY FIL ABLE PRIOR ' PLETION OF C	TO
ä					<u> </u>	—	1 YES	NO		EATH?	AUSC
Σ							/		1 🗆	YES 2	NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	T		28. P	LACE OF DEATH (C)	hack only one)				
SICI	EXAMINER?	HOSPITAL:	nation: 3 DOA	OTHER:	ne 6 🗆 Rasidence						
H	27. MANNER OF CLASH	28a. DATE OF INJURY	28b. TIMI	EOF 28c, IN	JURY AT	_		NJURY OCCUR	ED		
ВУ Р	Natural 5 Pending Investigation	(Month, Day, Year)	INJ		YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe-		street, factory, offic	ca		TION (Street Town, State)	and Number or	Rural Route I	Vumber,	
ETE	4 Horsicide determined						, ,				
COMPLETED	29a. CERTIFIER CERTIFYING PHYS										
S S	2 MEDICAL EXAME	IER: On the heats of seminatio	on and/or investigatio	n, in my opinion,	death occured at the	e time, date a	end place, ar	nd due to the c	euse(s) and	manner as si	tated.
BE (296. SIGNATURE AND TITLE OF CENTRAL	"Ats			29c. LICENSE NU	MBER		29d. DATE S	GNED (Mont	th, Day, Year)	
10	-	ST.			0/99	17		9/1	0/90)	
	****** ~ -//-	M TO									
	31. DATE FILED (Month, Day, Year)	M.D.	LEONARD		ARYLAND	2065	0				
	SEP 1 1 '90	Julia David	son-Manage								



cal examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
noval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
y the funeral director, page 5 should be detached for use as the burial-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-in
after death. Page 6 may be retained by the hospital or attending physici	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physici
BALLIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Year)

OCT 2 9 '90

Mmshn

2

2 GWW MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

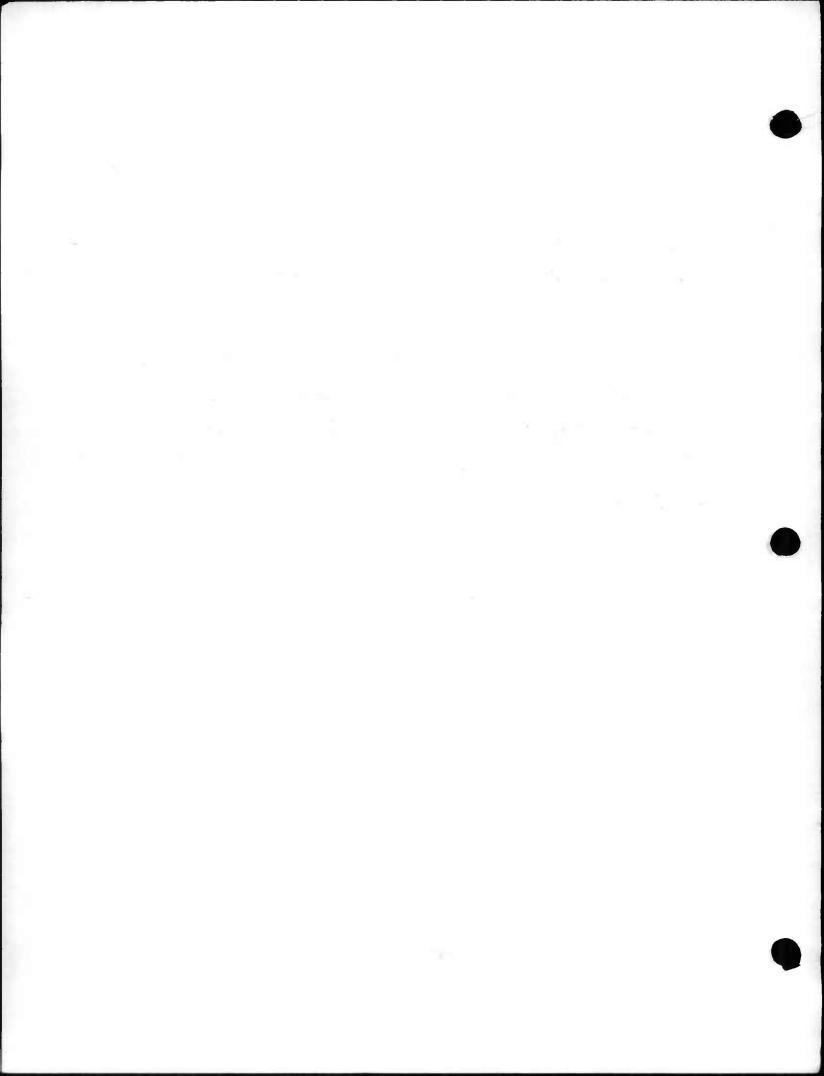
32. REGISTRAR'S SIGNATURE

						90	37521
	FOR 1 - STATE	STATE OF MARYLAND / [DEPARTMENT OF H	EALTH AND N		-	
	REGISTRAR	ÇEI	KIIPICATE OF	DEAIR	REG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last) Dero Houx	Wria	ht		2. DATE OF DEATH MONTH DAY	YEAR - 90	TIME OF DEATH
0		5. SEX 6. AGE (In yrs. lest t	oirthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		CE (State or Foreign
)	214- 29-16-46	1□M2 PF 83	YRS. MONTHS DAYS	HOURS MIN.	11 - 8 - C		nd.
/ _	9a. FACILITY NAME (If not institution, give stre	· ·	Prince	R LOCATION OF DEA		c. COUNTY OF DEAT	
CTOR	RESIDENCE OF DECEDENT	anor			e MD	Sone	20-7
	10e. STATE 10b. COUNTY	TERSET	10c OFTY, TOWN OR LOCATI		ml.	100	1. INSIDE CITY LIMITS?
10	104. STREET AND NUMBER	ILLING	TRI ANI	ZIP CODE	1	0g. CITIZEN OF WHA	YES 2 NO
FUNERAL DIR	X72, By 34	<i>+</i>	2	2/853	3	USA	
FUN	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 PHO			IC ORIGIN? (Specify Yee or 1, Puerto Rican, etc.)	No- 14. RACE Black, W	American Indien, hite, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 🗆 YES	2 NO Specify:	•	Specify	BIK
E	15. DECEDENT'S EDUC		EDENT'S USUAL OCCUPATIOns kind of work done during most not not use retired.)	N at of working	16b. KIND OF BUSINI	ESS/INDUSTRY	
COMPLETED	Elementary/Secondary (012)	College (1-4 or 5 +)	RILLES		BEAUT	is IAN	
MO	17. FATHER'S NAME (First, Middle, Last)	211	77.77.70.00	16. MOTHER'S NAM	ME (First, Middle, Maiden Sur	mame)	
BE (-DENIZA MAN	BALLARD		-SARAH	ELLEN	Ball Arch	
101	190. INFORMANT'S NAME (Type/Print) SARAH L. GRAS	35.5	HAILING ADDRESS (Street of	3 4 7	E. ANNS	Md Z	1853
	20e. MSTRIOD OF DISPOSITION 1 D Suriel 2 Cremetion 3 Remo 4 Departion 5 Other (Specify)		F DISPOSITION (Name of come)	petery, cremetory or	20c; LOCAT	TION — City or Town,	State Mil.
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE /	22. NAME AN	D ADDRESS OF FAC	CILITY	48 15 Z	44
	* Tuesett	Jook	1-00 t	5 F/4	5A/Ab	why 1	ndi
	23. PART I. Enter the diseases, or co shock, or heart fellure. L	omplications that caused the dear lat only one cause on each line.	th. Do not enter the mo	da of dylyg, such	as cardiac or reapirat	tory arrest,	Approximete Interval Between
ŀ	IMMEDIATE CAUSE (Final disease or condition		C_{i}	6 . 1		6	Onset and Deeth
	resulting in death)	DUE TO (OR AS A CONSEQU	UENCE OF):	anest			
N	Sequentially list conditions,		Multiple	MOUNA			
ERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQU	JENCE OF):				
IFIC	CAUSE (Diseese or Injury that initieted events	OUE TO (OR AS A CONSEQU	JENCE OF):				
	resulting in death) LAST						
AL C	PART II. Other significant conditions	contributing to death but not re	sulting in the underlying	cause given in	Part I. 24a. WAS AN AU PERFORME		RE AUTOPSY FINDINGS
MEDICAL					1 TYES 2 5	00	MPLETION OF CAUSE DEATH?
					_	1	YES 2 MO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PL	ACE OF DEATH (Che	eck only one)		
rsic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nursing Hom	n 5 🗆 Residence	8 Other (Specify)	,	
	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)		URY AT RK? YES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED	
ВУ	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At hom		_	281. LOCATION (Street and	Number or Rural Rout	e Number,
TED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)			City or Town, State)		
COMPLET	(Orlock Orly	ZIAN: To the best of my knowledge, dear					
CO	2 MEDICAL EXAMINER	3: On the basic of examination and/or in	westigation, in my opinion, d		T		
띪	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN	ABER 2	29d. DATE SIGNED (M	orith, Day. Year)

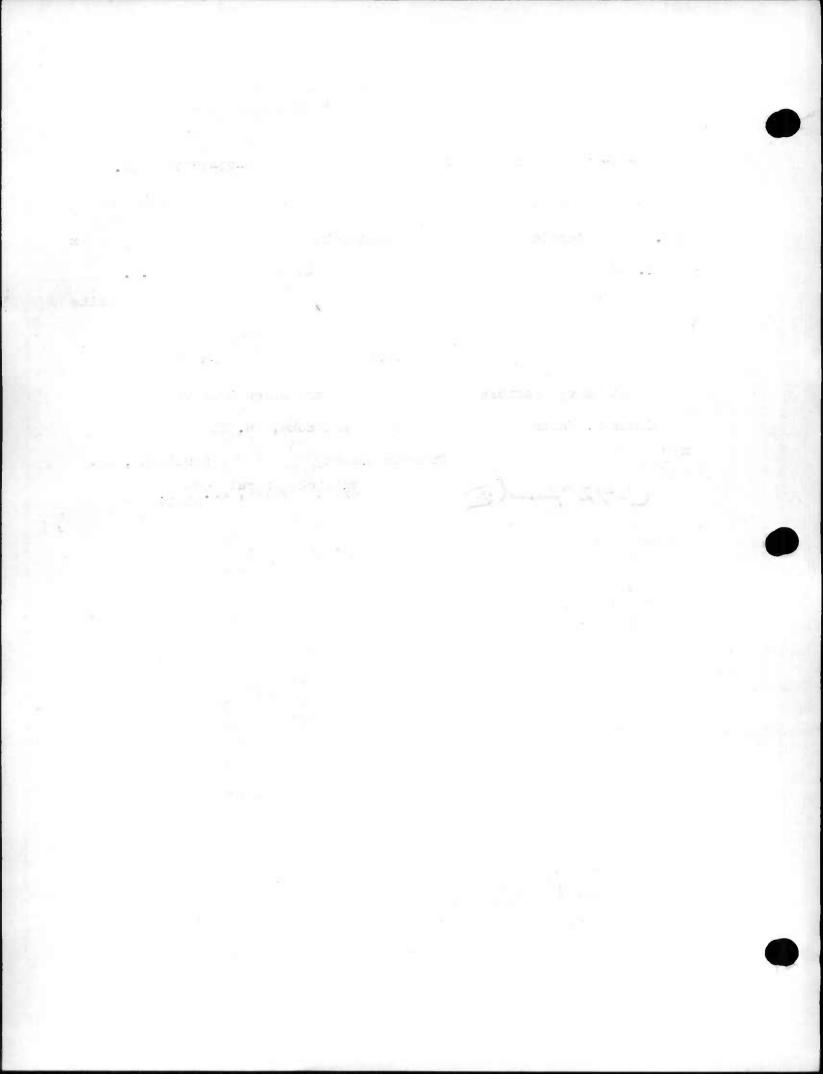
29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the tima, date end piece, end due to the cause(e) end manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 715

DHMH-16 Rev 1/89



1 - FOR STATE REGISTRAR	S	TATE OF MAR				HEALTH AND	MENTA	L HYGIEN				
1. DECEDENT'S NAME (First	Middle, Lest) Mava L.	White					2. DATI MON 10			YEAR 90	TIME OF DEATN 5:30 A	
4. SOCIAL SECURITY NUME 213-01-	4506	EX 6. AC	93		F UNDER 1 YEAR		(Mon	of BIRTN (th, Day, Year) -27-18!		Country)	ACE (State or Foreign	
9a. FACILITY NAME (If not in) WICOMIC PRESIDENCE OF DEC		,		4	b. CITY, TOV	n or location of Salisbur					of Death Comico	
10e. STATE	10b. COUNTY		T	10c. CITY,	TOWN OR LO	CATION				1	Od. INSIDE CITY	
Md.	Wicomic	0		1	anti						YES NO	
Rt. 349						101. ZIP CODE 2184	10g, CITIZEN OF W					
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA			ES 2 NO	D	If yes	DECENDENT OF NISI specify Cuban, Mex YES 2 1 NO Spec	Ican, Puerto			4. RACE -	- American Indian, White, atc. White	
15. DEC (Specify onl	(Give	kind of wor o NOT use	SUAL OCCUP k done during etired.)	most of working	18	b. KIND OF BUS		STRY				
17. FATHER'S NAME (First, M	iddle, Last)			нос	Sewi		NAME (First	Own I				
Samuel		Larmore		Mary E	, , , , ,							
18a, INFORMANT'S NAME (1	ypa/Print) H. White	2		MAILING A		et and Number or Rui				Code)		
20a. METHOD OF DISPOSIT 130 Burlel 2 Crematic 4 Donation 5 Other	n 3 🗆 Removal 1	rom State	other place	9)		cometery, cremetory o	or		cation — ci		,	
21. SIGNATURE OF FUNERA	21. SIGNATURE OF FUNERAL SERVICE LICENSEE CHY Home CON LA Francisco Funeral Home Box 61 Bivalve, Md. 21814											
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): Anomia DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant conditions contributing to death but not resulting in the underlying							given in Part I. 24a. WAS AN PERFOI 1 1 YES :			0	VERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
25. WAS CASE REFERRED T		00/741				PLACE OF DEATH	(Check only	one)				
1 TYES 2 NO		SPITAL: Inpetient 2 ER/O	-	DOA 4	45	lome 5 Resident						
	Pending Investigation	(Month, Day, Yea		28b. TIME INJUI	YY Y	INJURY AT WORK? YES 2 NO	26d. DI	EŞCRIBE NOW I	NJURY OCCI	JRED		
2 Accident 3 Suicide 6 Nomicide	Could not be determined	28e. PLACE OF INJ building, atc. (URY — At home Specify)	M 1 YES 2 NO				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
one)		To the best of my ke									and manner as stated.	
29b. SIGNATURE AND TITLE	OF CONTINUE	Don Jac	w			29c. LICENSE I	NUMBER			SIGNED (/	IGNED (Month, Day, Year) 0/22/90	
30. NAME AND ADDRESS O		William				now Hill	, Mar	yland	2186	3		
31. DATE FILED (Month, Day, OCT 2 4 'S	Year)	32. REGISTRAR'S S		162								



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a noun after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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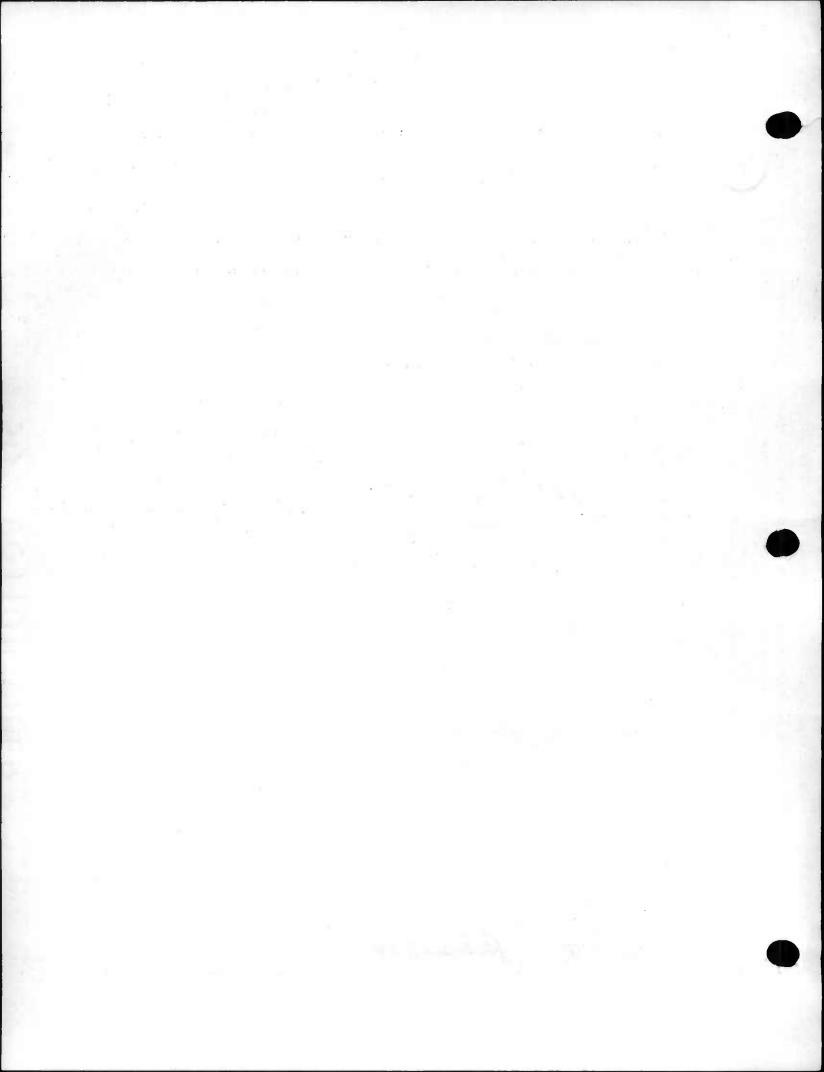
31. DATE FILED (Month, Day, Year)

5 '90

	, Middle, Lest)		31		ICATE (/		2. D4	REG. NO			3. TIME OF DEATH
Mary		Ethel		WES'	TFALL			0.00	vember	Ž, 19	990	gow An
SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YE	-	ER 24 HRS.	7. DA	TE OF SIRTH		6. SIRT	HPLACE (State or Foreign
214-09-56	93	1 M 2 F	74	YRS.	MONTHS DA	/S HOURS	MIN,		y 24, 1	916	Hag	gerstown
e, FACILITY NAME (If not is	nstitution, give s	treet and number)			9b. CITY, TO	VN OR LOCA	TION OF D			4	NTY OF	
Mileston		en Aparti	ments			Willi	Lamsp	ort		Wa	ashi	ngton
RESIDENCE OF DEC	10b. COUNTY			T 40. 017	Y, TOWN OR L							1
Maryland		ington			Willi			На	gerstow	m		10d. INSIDE CITY LIMITS?
0e. STREET AND NUMBER				***************************************	10f. ZIP CO		110	GCISCON		TEN OF	1 YES 2 NO	
	Apt. 2=L 21795								g. CITIZEN OF WHAT COUNTRY? USA			
							21/40 SPANIC ORIGIN? (Specify Yes or No-					
1. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ▼ N IF YES, GIVE WAR OR DATESA					If ye		en, Mexic	en, Puer	rto Rican, atc.)		Blac	CE — American Indien, ck, White, etc.
Widowed 4 Dive	orcod	1 120, 0112	WIT ON DRIES		''	IES ZAJ M	o speci	ny.			,	Thite
	EDENT'S EDU		16e. Di	ECEDENT'S	USUAL OCCUI	ATION	line	T	16b. KIND OF SU	SINESS/IND		
Elementary/Secondary (-	College (1-4 or 6	105	. Do NOT u	se retired.)	most or wor	nir iy					
12		0	Вс	okke	eper				Furnit	ure 1	Mfg.	
7. FATHER'S NAME (First, A	liddie, Last)					18. MC	THER'S N	AME (Fin	st, Middle, Melden			
William		ove					Berth	na	Nichols			
90. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St	eet and Numb	er or Rural	Route N	lumber, City or Tow	n, State, Zip	o Code)	
Vickie J	Sass	е	N	liles	tone G	ardens	Apt	. 2	-L Will	iams	port	Md. 21795
Ge METHOD OF DISPOSIT	ION	oval from State		OF DISPO	SITION (Name o					CATION —		
☐ Donation 5 ☐ Other			Rest	Hav	en Cem	etery			Hag	erst	own,	Maryland
1. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	e .			E AND ADDE			IIO) (TI			
150	5/1	1011	A	0								
			nne	4					HOME	oere	town	. Md. 21740
23. PART I. Enter the d	Iseases, or o	complications the	nt caused tha di	aath, Do	415	E. W:	Llsor	n B1	vd., Ha			
	eart fallure.	complications the	nt caused tha duse on each line	aath. Do	415	E. W:	Llsor	n B1	vd., Ha			Approximata Interval Between
ahpek, or h MMEDIATE CAUSE (Fi disease or condition_	eart fallure.	complications the	nt caused the diuse on each line	aath. Do	415	E. W:	Llsor lying, au	n B1	vd., Ha			Approximata interval Between Onset end Deati
ahock, or h MMEDIATE CAUSE (FI	eart fallure.	a.	it caused tha diuse on each line	8. me	415	E. W:	Llsor lying, au	n B1	vd., Ha			Approximata Interval Between
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MMEDIATE CAUSE (Fi disease or condition resulting in death)	eart failure.	a. DUE TO	Le Cura	a. EOUENCE O	415 not entar tha	E. W:	Llsor lying, au	n B1	vd., Ha			Approximata interval Between Onset end Deati
whock, or himmediate CAUSE (Fidecase or condition resulting in death) Sequentially list condition to immediate, leading to immediates. Enter UNDERLY	tions, ediate	a. DUE TO	OR AS A CONSE	a. EOUENCE O	415 not entar tha	E. W:	Llsor lying, au	n B1	vd., Ha			Approximata interval Between Onset end Death
ahock, or h MMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit of any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events	eart failure.	a	OR AS A CONSE	OUENCE O	415 not entar that	E. W:	Llsor lying, au	n B1	vd., Ha			Interval Between Onset end Death
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ahock, or h MMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit of any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events	clons, diate ling	B. DUE TO DUE TO DUE TO DUE TO	OR AS A CONSE	EOUENCE O	415 not entar that	E. W:	ilsor lyling, au	n B1	vd., Ha	ratory and	rest,	Approximata Interval Between Onset end Deatl Do month.
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ehock, or h MMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuited initiated events resulting in death) LAS PART II. Other significations EXAMINER? 1 YES 2 NO. 7. MANNER OF DEATH	ilons, dilate ING	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE Of	OR AS A CONSE OR AS A CONSE OR AS A CONSE Death but not	e. COUENCE O COUENCE O COUENCE O Teaulting	415 not entar tha F): F): OTHER: 4	E. W: mode of d with the control of	ilsori ying, au	n Part I	L. 24a. WAS AN PERFO	AUTOPSY RMED?	24	Approximata Interval Between Onset end Death Compared and Death
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abock, or h MMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit of any, leading to immeause. Enter UNDERLY CAUSE (Disease or injethat initiated events resulting in death) LAS PART II. Other signification S. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 7. MANNER OF DEATH 1 Natural 6 2 Accident	ions, idiate ing investigation	B. DUE TO	OR AS A CONSE OR AS A CONSE OR AS A CONSE OR AS A CONSE ER/Outpetient: FINJURY OR, Year)	COUENCE O	415 not entar tha Fig. Fig. OTHER: 4	E. W: mode of d works PLACE OF Home 5- INJURY AT WORK? YES 2	ilsori ying, au	n Part I	24a. WAS AMPERFOI 1 YES: Other (Specify) DESCRIBE HOW	I AUTOPSY RMED?	24	Approximata Interval Between Onset end Deatt Down-The Company of the Company of
MMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit if any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injuited Intelligible of Ingential Intelligible of Intelligible of Ingential Intelligible of Ingential Intelligible of Intelligi	Pending Investigation Could not be determined	B. DUE TO	OR AS A CONSE	e. COUENCE O COUENCE O COUENCE O Teaulting J DOA 26b. Till IN	415 not enter the	E. W: mode of d Co U ying cause s. PLACE OF Home 5- INJURY AT WORK? YES 2	ilson ying, au ying, au pigen li penting	n Part I	Location (Street City or Town, State	A AUTOPSY AMED? INJURY OC and Numbe	24 CCURED or or Rural	Approximata Interval Between Onset end Deatt Down-The Company of the Company of
MMEDIATE CAUSE (Fidelesse or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuited resulting in death) PART II. Other signification resulting in death) Sequentially list condition resulting in death) PART II. Other signification resulting in death) Sequentially list condition resulting in death)	Pending Investigation Could not be determined	Be DATE OF CAME AND A CONTRIBUTION OF CAME AND A	Jee Dn aach lin (OR AS A CONSE (OR AS A CONS	e. COUENCE O COUENCE O COUENCE O Teaulting J DOA 26b. Till IN	415 not entar that Fig. Fig. OTHER: 4-ON Nursing AE OF 264 JURY M 1 street, fectory,	E. W: mode of d columns of d ying cause ying cause INJURY AT WORK? YES 2 office	e given in	n Part I	Location (Street City or Town, State	AUTOPSY RMED? INJURY OC and Numbe	24 CCURED or or Rural	Approximata Interval Between Onset end Deatt Down-The Company of the Company of
MMEDIATE CAUSE (Fidelesse or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuited resulting in death) PART II. Other signification resulting in death) Sequentially list condition resulting in death) PART II. Other signification resulting in death) Sequentially list condition resulting in death)	eart failure. Inal Itons, idiate ing	B. DUE TO DUE	Jee Dn aach lin (OR AS A CONSE (OR AS A CONS	e. COUENCE O COUENCE O COUENCE O Teaulting J DOA 26b. Till IN	415 not entar that Fig. Fig. OTHER: 4-ON Nursing AE OF 266 JURY M 1 street, fectory,	Ying cause ying cause ying cause ying cause injury at work? YES 2 office date and pla sn, death occ	DEATH (C) Residence	n Part I	Location (Street City or Town, State	I AUTOPSY RMED? 2 NO INJURY OC and Numbe	24 CCURED or Rural sted. The couse	Approximate Interval Between Onset end Deatt Conset end End Conset en
MMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condit of any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuther Initiated events resulting in death) LAS PART II. Other signification 5. WAS CASE REFERRED EXAMINER? 1 VES 2 70 7. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 98. CERTIFIER (Check only one) 2 MEE	eart failure. Inal Itons, idiate ing	B. DUE TO DUE	Jee Dn aach lin (OR AS A CONSE (OR AS A CONS	e. COUENCE O COUENCE O COUENCE O Teaulting J DOA 26b. Till IN	415 not entar that Fig. Fig. OTHER: 4-ON Nursing AE OF 266 JURY M 1 street, fectory,	Ying cause ying cause ying cause ying cause injury at work? YES 2 office date and pla sn, death occ	e given in	n Part I	Location (Street City or Town, State	I AUTOPSY RMED? 2 NO INJURY OC and Numbe	24 CCURED or Rural sted. The couse	Approximata Interval Between Onset end Deat Do would be were autopsy Findings April Able Prior To Completion of Cause Of Death? 1 Yes 2 No

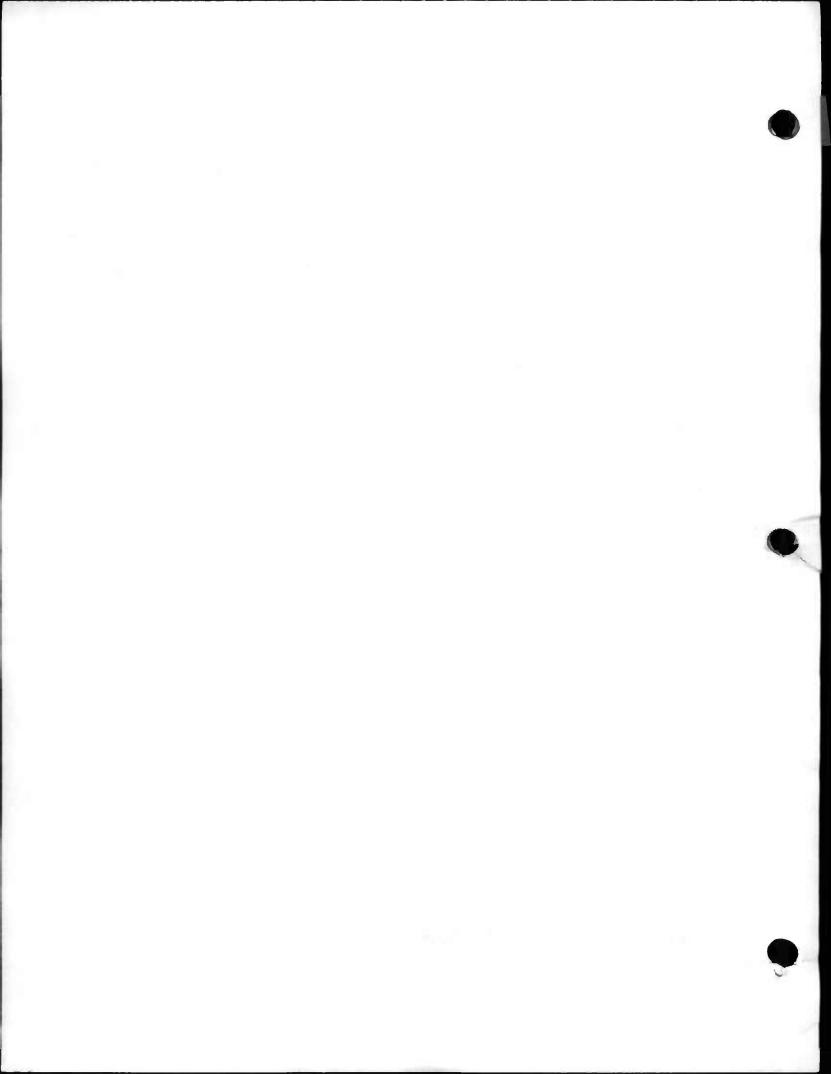
32. REGISTRAR'S SIGNATURE
Gulia Davidson-Randala

21740



TO BE COMPLETED BY FUNERAL DIRECTOR

													90	3/524	
	1 - STATE REGISTRAR		STATE OF N		DEPAR ERTIF					MENTAL	REG. NO.	E			
)	1. DECEDENT'S NAME (First,	Middle, Last)	JANE	REBEC	CA	WHIT	Έ			2. DATE (OF DEATH	v	YEAR	3. TIME OF DEATH	
	JANE	R. 1	MHITE							10		9	90	12:24/ M	
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER	Y	7. DATE C	F BIRTH Day, Year)		8. BIRTHP	LACE (State or Foreign	
	215-18-2452		1 🗆 M 2 🔀 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.		22		ryland	
	9a. FACILITY NAME (If not in	stitution, give at	reet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE				NTY OF DE		
O.	Washingt		nty Hosp	ital		Н	lager	stov	m				Washington		
B.	RESIDENCE OF DEC	10b. COUNTY	,		10c, CIT	Y, TOWN C	OR LOCAT	ION					10d, INSIDE CITY		
<u>E</u>	Maryland	Mag	hington											LIMITS?	
5	10e. STREET AND NUMBER		1	lager	-	ZIP COD	F			10a CITI	CITIZEN OF WHAT COUNTRY?				
FUNERAL DIRECTOR	824 Dover			21740 U.S.A.											
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED						(Specify Year	or No-	14. RACE	— American Indian,	
									Specify	White, etc.					
ВУ	3 X Widowed 4 Dive	rced						Λ.					1	White	
	15, DEC (Specify only	EDENT'S EDUC	CATION completed)	16a. D	ECEDENT'S Give kind of b. Do NOT u	USUAL O	CCUPATIO	N st of worki	ing	18b.	KIND OF BUS	BINESS/INC	DUSTRY		
9	Elementary/Secondary (0	1-12)	College (1-4 or 5	r)							Docto	re O	ffice		
MP	12		22	Li	cense	d Pr	acti						71110		
COMPLETED	17. FATHER'S NAME (First, M			D 1				16. MOT			liddle, Maiden	Surname)			
B	Jacob		ssell	Palme					Non		Mae		Goul	ker	
2	19a. INFORMANT'S NAME (1										er, City or Tow			N1 017/0	
	Judith A.		OII		3 I U-L					Driv			OWN,	Md. 21740	
	ty⊡ Burial 2 ☐ Crematic	on 3 🗆 Rem	oval from State	other j	olace)										
	21. SIGNATURE OF FUNERA		ENCEE	_ Ke	st Ha	ven	Ceme	cery	FOC OF EA	CII ITY	Інаде	ersto	wn,	Wash.,Md.	
			1	,		Ã	ndre	w K	. Coi	fman	Funer	cal H	lome,	Inc.	
	K.	heel	Tora	dy		4	0 E.	Ant	tieta	am St	., Hag	gerst	own,	Md. 21740	
	23. PART I. Enter the d		complications the			not antei	r the mo	de of dy	ing, suc	h ae card	iac or reapi	iratory an	reat,	Approximete interval Batween	
	IMMEDIATE CAUSE (Fig		List only one car	194 OII GWOII III	10.									Onset and Death	
	diseese or condition	→	a. Carol	logenic -	Moil	<								1 h	
	0.00-1001-0.00-10-1		DUE TO	(OR AS A CONS	EOUENCE C	OF):				6 /		4		0.0	
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
임	CAUSE (Disease or injution that initiated events	Jry 🚡	DUE TO	(OR AS A CONS	EQUENCE C	OF):	, , ,								
E	resulting in death) LAS	FT .	d.												
S															
¥.	PART II. Other aignifica	ent condition	e contributing to	death but not	reaulting	in the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR		24b.	AMAILABLE PRIOR TO	
8										- 1	1 TYES 2	NO 🗆		COMPLETION OF CAUSE DF DEATH?	
ME										_				1 TYES 2 NO	
ž															
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF	OEATH (C/	heck only on	0)				
YSI	1 TYES 2 NO		1 Inpetiant 2		_	4 🗆 Nu	rsing Hon		Realdence	8 🗆 Other					
PH	27. MANNER OF DEATH 1 Netural 8	Pending	28a. OATE Of (Month, i	FINJURY Day, Year)	28b. TII	ME OF	W	IURY AT ORK?		28d. DES	CRIBE HOW	INJURY OC	CURED		
B	2 Accident	Investigation	00- 01-005	OF 101 11 1000		101		YES 2	U NO						
COMPLETED	3 U Suicide 8 U	Could not be determined		OF INJURY — At I , etc. (Specify)	iome, iemi,	street, rac	стогу, отн				ATION (Street or Town, State)		FOF HURBLE	oute Number,	
9	29a. CERTIFIER	TIEVINA BUVE	ICIAN: To the best o	f my beautades	dardh a ann	man of set the co	Alm - Ant-	and also		10 Ab - 00	(0) (1)		4.4		
₹	CONDUM ONLY													and manner as stated.	
	29b. SIGNATURE AND TITLE			7					CENSE NU					(Month, Day, Year)	
8		Ren 12	7 James &	/ Mr. n					571						
2	30. NAME AND ADDRESS O	F PERSON WI	10 COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Typ	e, Print)				•			16/31	70	
	720.	mas (B. Naywo	of ms		354	M.	113	18	Hayt	rs lon	11 1	mal	21740	
	31 NOV FILED THOU 90	Year)	John Davi	AR'S SIGNATURE	482										
- 1			0												



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8		at a
Should		otified
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LECTOR,		r mus
runeral o	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	Oval	70
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9	6	ent, the medica
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF M	MARYL			MENT O				MENT	TAL HYGIENI REG. NO.	E	90	37525
1. DECEDENT'S NAME (First	, Middle, Last)	Glett	ia E	lizal	eth I						TE OF DEATH	γ	YEAR	3. TIME OF DEATH
	(1011a				. li	100	aud	11		10 7	19	90	2:00 q, M
4. SOCIAL SECURITY NUMBER		5. SEX		in yrs. last b	840	F UNDER 1 YE		IF UNDER	24 HRS. MIN.		TE OF BIRTH onth, Day, Year)		6. BIRTI	HPLACE (State or Foreign
212-10-0052		1 🗆 M 2 🖵 🗗	82		YAS.						t. 10,	1908	Mar	yland
9a. FACILITY NAME (If not in					91	b. CITY, TO	NO NW	LOCATIO	ON OF DE	EATH			NTY OF D	
Washingto	n Coun	ty Hospi	tal			H	age	rst	own			W	shin	gton
10a. STATE	10b. COUNT	r			10c. CITY, 1	TOWN OR LO	OCATIO	N N						10d. INSIDE CITY
Maryland	Washi	ngton			Hage	ersto	wn							LIMITS?
10e. STREET AND NUMBER		Ă =			0			IP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?
844 Mulberr	y Aven	ue						217	40				USA	
11. MARITAL STATUS		12. WAS DECEDEN				13. WAS	OECEN	IDENT O	F HISPAN	NIC OF	GIN? (Specify Yas	or No-		E — American Indien, k, White, atc.
1 Never Married 2		FORCES? 1							n, Maxica Specifi		to Ricen, atc.)		whi	
3 X Widowed 4 Dive														te
	EDENT'S EDU y highest grade			(Give	kind of work	k done during	PATION g most	of working	ng .		16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)		NOT use n						+ o 1 o n h			
17. FATHER'S NAME (First, M	(Iddle Leet)			50	perv:	1501		40 44071	IEDIO ALA	145 (5)	teleph			
James W. Bu	275										Rinehar			
19a. INFORMANT'S NAME (19b.	MAILING AC	ODRESS (Str	met and				umber, City or Town	_	n Codel	
William B.	Thomps	on		14	5 N.	Colo	nia	1 D	r.,		erstown			.740
20a. METHOD OF DISPOSIT K□ Burial 2 □ Crematic 4 □ Donation 5 □ Other	on 3 🗆 Rem	oval from State		other place	e)	on (Name o			natory or					own, Stata Maryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE							SS OF FA					,
500	000	Inne	el			MINN 415						erst	own,	Md. 21740
23. PART I. Enter this dishock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	sert fsllure.	List only one csi	it c		th, Do not	sntsr the	mode	of dy	Ma	th as c	Ce ye	GV.	al	Approximate Interval Between Onset end Death
Sequentisity list condit if eny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- thet initieted events resulting in dasth) LAS	diete iNG ury	b. DUE TO	(OR AS A	CONSEQU	ENCE OF):	Cere.	br	al	Ve	and the	clion I du	ior		5 xemy
PART II. Other eignifica	ant condition	s contributing to	dseth b	ut not re	euiting in	the under	lying	ceuee	given in	Part I	24s. WAS AN PERFOR 1 TYES 2	MEO?	241	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			C	THER:	6. PLA	CE OF D	EATH (Ch	eck only	y one)			
1 TYES 2 JAG		1 Department 2					_	-	aeldenca	-	other (Specify)	1 H I I I I O O	OUDED	
	Pending investigation	(Month, L			26b. TIME (TY	WOR	K7 A1 K7 2	□ NO	260.	DEȘCRIBE HOW II	NJUHY OC	CURED	
a Distriction —	Could not be determined	26a. PLACE (building	otc. (Spec	— At hom	e, 1erm, atre	et, factory,	offica				OCATION (Street a City or Town, State)	and Numbe	or or Aural	Route Number,
onel		ICIAN: To the best of												a) and manner as stated.
29b. SIGNATURE AND TITLE	Dhu	WMA	7. (Perso	ryl i	hope	Ca.	29c. LIC	ENSE NU	MBER 04	359	29d. OA	TE SIGNE	19/40
30. NAME AND ADDRESS O	F PERSON WI	Chilia Dain	SE OF OE	ATH (ITEM	27) (Type, Pr	Po	18	mo	3	/	lue.	/4	090	ritour

and the contract of the contra

3:25

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

Caucasian

Maryland

Approximate

24b. WERE AUTOPSY FINDINGS

AMILABLE PRIOR TO COMPLETION OF CAUSE

1 - YES 2 - NO

Interval Between

Onset and Death

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign

Maryland

Рм

YEAR

1990

9c. COUNTY OF DEATH

U.S.A.

CAROLINE

10g. CITIZEN OF WHAT COUNTRY?

Specify:

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH WILLIAM GEORGE WUNDERLICH 12 18 JR. 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (in yrs. last birtnday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 213-10-0974 0 6 191 9a. FACILITY NAME (If not institution, give atreet and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR CAROLINE NURSING HOME, INC. Denton RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Caroline Denton permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE use as the burial-transit 140 Sunset Drive 21629 after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21203-3146 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp ost of working (Give kind of work done life. Do NOT use retired.) COMPLET Į Elementary/Secondery (0-12) College (1-4 or 5+) the funeral director, page 5 should be detached HS grad Building Contractor Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ William George Wunderlich, Sr. Maude Webster notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lois Wunderlich 140 Sunset Drive, Denton, MD 21629 pe 20e. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Rem

4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Denton, Denton Cemetery examiner 11. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 120 Luvore medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, filled in by shock, or heart failure. List only one cause ō IMMEDIATE CAUSE (Final completely filler 事 disease or condition_ uumonia resulting in death) law requires that the death certificate be executed within traumatic event, DUE TO (OR AS A CONSEQUENCE OF): BOX 13146, has been signed by the attending physician and con Dept. of Health and Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PHYSICIAN: MEDICAL PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY ascular alsease 1 TES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The I r this certificate has with the State II 28. PLACE OF OEATH (Check only one) Tem Tem EXAMINER? HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 - Residence 8 - Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED marked. 1 Natural 1 YES 2 NO BY TO THE FUNERAL DIRECTOR: After to filed within 72 hours after death IMPORTANT: If Item 28 is mar 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated one) 29e, CERTIFIER HOSPITAL 2 MEDICAL EXAMINER: On the ion end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and mi 29b. SIGNATURE AND TITLE OF CERTIFIES BE 23 2 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

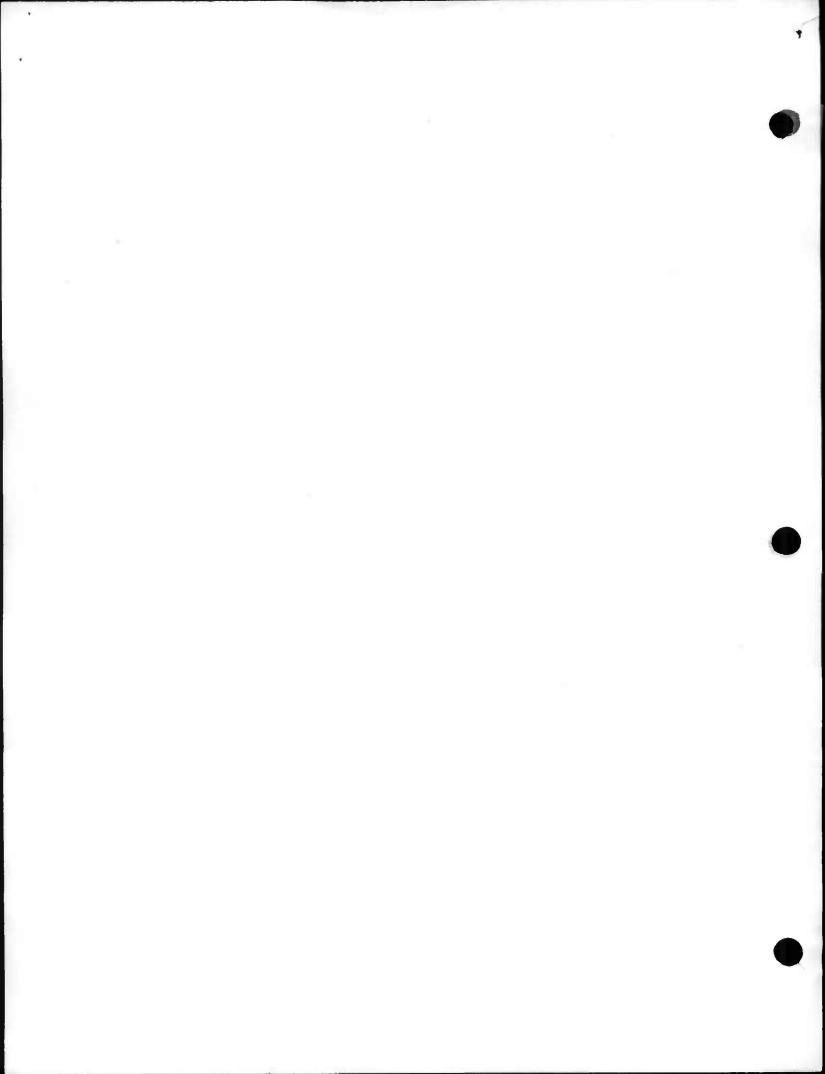
NEC 2 1 90

30. NAME AND AODRESS OF PERSON

oner

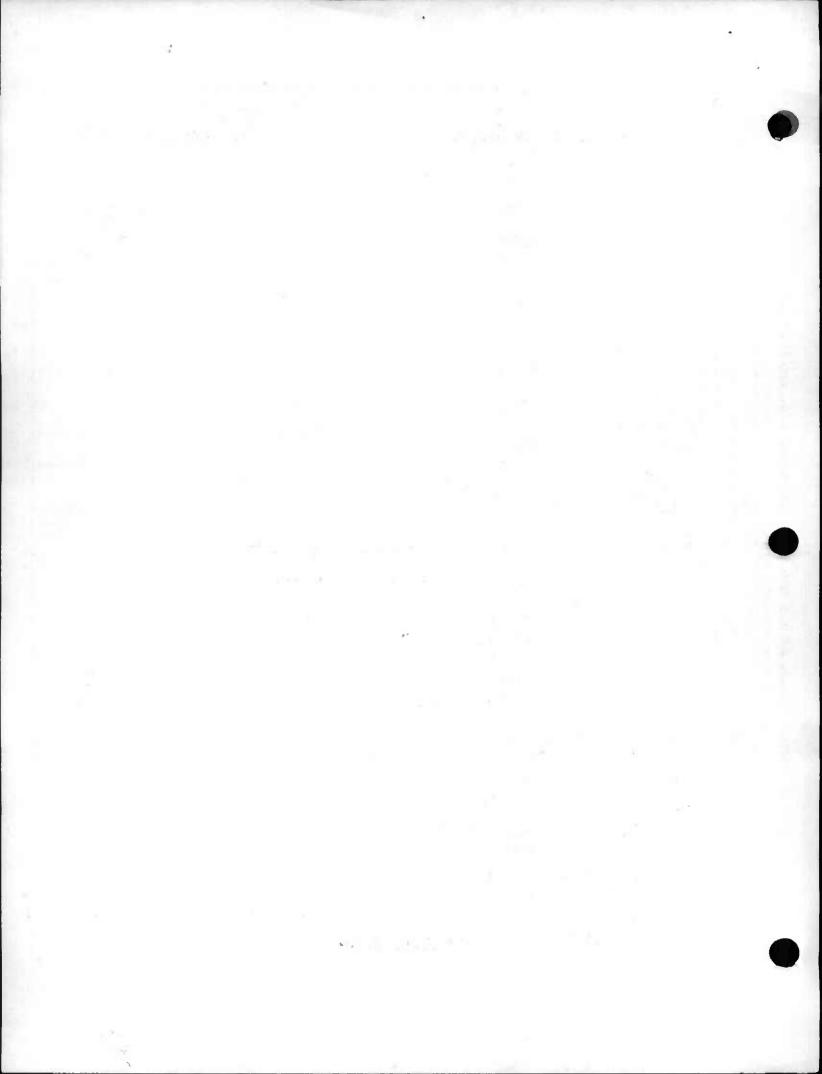
POBUS 327 REGISTRAR'S SIGNATURE

mo



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)	Susanna	Victo	oria	Wing	ger			2. DATE O MONTH	FOEATH DA		YEAR 90	3. TIME OF DEATH 0.55:50AM
4. SOCIAL SECURITY NUMBER	5. SEX	6. ASE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	BIRTH		8. BIRTI	IPLACE (State or Foreign
007 0/ 1005	1 - M 2 X F	07	YRS.	MONTHS	DAYS	HOURS	MIN,		Day, Year)		Count	
227-34-1985		97	******						5 93			nesota
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	, TOWN	OR LOCATI	ON OF OR	EATH		9c. COU	NTY OF D	EATH
Commoli County C	onomal U	anital		Mod	t-mi	nato	·			Car	ro11	
Carroll County G	eneral no	Spirai		Wes	SCIIIT	nste:	L			Car.	LOII	
10a. STATE 10b. COUNT			10c, CIT	Y. TOWN O	OR LOCAT	TION					-	10d. INSIDE CITY
W 1 1	T 1 . 1		77		D .	1						LIMITS?
	Frederick	C	Ų:	nion	Brı	age						1 TES 2 NO
10a. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?
11330B Clemsonvi	110 Pd					21	791				U.S.	Δ
11. MARITAL STATUS	12. WAS OECEDEN											
		YES 2						NC ORIGIN?		or No	Blec	E — American Indian, k, White, etc.
1 Never Married 2 Married		MAR OR DATES				2 X NO					Spec	Hy: T 71
3 🖾 Widowed 4 🗌 Olvorced												White
15. DECEDENT'S EDU		16a, 0	DECEDENT'S	USUAL O	CCUPATION	ON		16b. I	UND OF BUS	BINESS/INC		
(Specify only highest grad			(Give kind of life. Do NOT u	work done one one one of the contract of the c	during mo	ost of worldi	ng					
Elementary/Secondary (0-12)	College (1-4 or 8	+)							1			
6		n	ousev	тте					own ł	rome		
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mi	ddle, Malden	Surname)		
Gustof Woland	dor					T	Imma	(unl	(nown)		
19a. INFORMANT'S NAME (Type/Print)	TCI			100000	0.00			/				
								Route Numbe			,	(D) 01703
Ellen S. Nelson		[1	1330E	Cle	MSO	nvill	e Ro	1. Ur	nion l	sride	ge, N	ND 21791
200, METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	SITION (Na	ame of ce	metery, crer	natory or		20c. LO	CATION -	City or To	own, State
1 Normalia 2 Cremetion 3 Ren	moval from Stata	Other Excor	place) greer	Mom	ori	1 C	rdor		Fir	lech!	ira	MD
4 Donation 5 Other (Specify)		- Ever	greer									
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1 1.	1	22.	NAME A	ND ADDRE	SS OF FA	CIUTYD.	D. Ha	artz1	er &	& Sons
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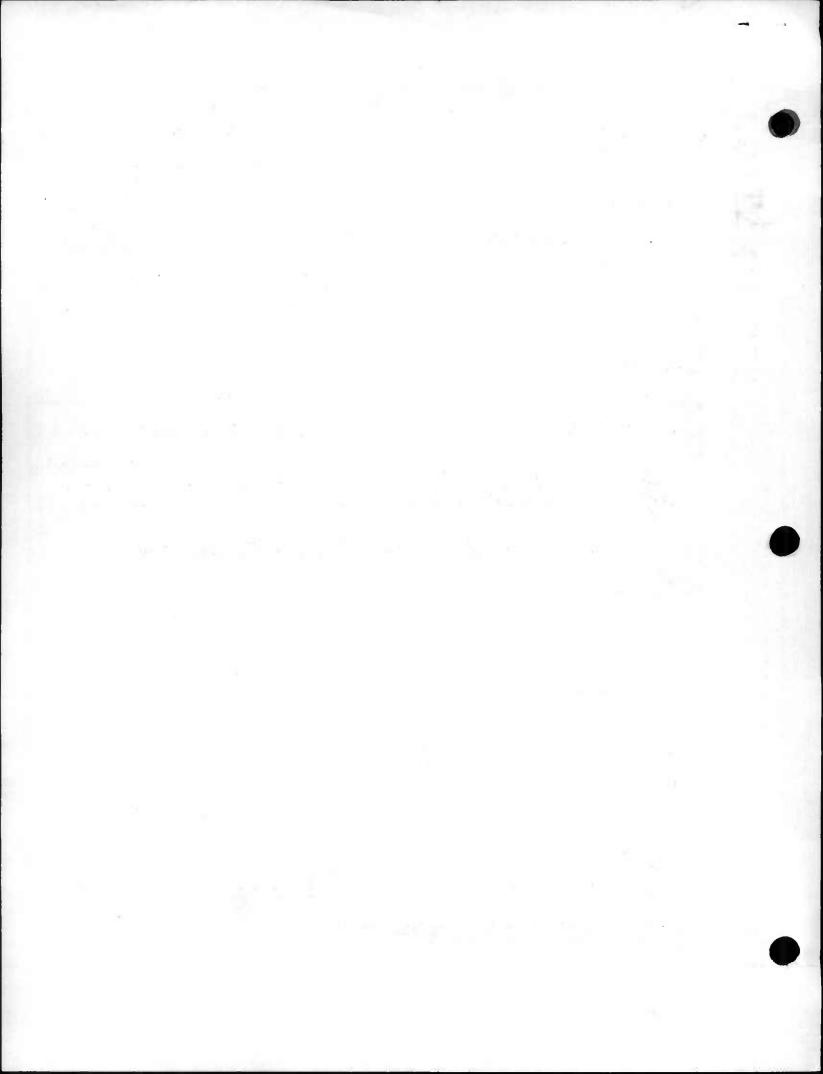
FOR

2

1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIFIC	AIL	OF	DEATH		REG. NO.			
GLADYS MARIE	WALCH						2. OATI	V. 9,	Ĭ990	YEAR	6:10 A.M
4. SOCIAL SECURITY NUMBER 212-30-9673	5. SEX 6. AG	GE (In yrs. les		DNTHS	DAYS	IF UNDER 24 HRS	7. DATE	COF BIRTH	1930		PLACE (State or Foreign YLAND
9e. FACILITY NAME (If not institution, give s ST. MARY'S HOSPIT			9			R LOCATION OF RDTOWN	DEATH		9c. COUNT		ATH Y'S COUNT
10a. STATE 10b. COUNTY		עיויע									10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	11111 0 000.				1	ZIP CODE			100	EN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 XMarried 3 Wildowed 4 Divorced	FORCES? 1 Y	ES 2 X		14 3	res, spe	ENDENT OF HIS	Ican, Puerto			I4. RACE Black Specif	— American Indian, White, etc.
(Specify only highest grade	completed)	(G	ive kind of wor	k done du			16	b. KIND OF BUS	SINESS/INDU	STRY	
12TH. GRADE		HOU	JSEWIF	E		48 MOTHED'S	NAME (Class	HOME	Sumanal		
LAWRENCE MACK						GLAD	YS TY	DINGS			
20e. METHOD OF DISPOSITION 1 Disposition 2 Greenation 2 Greenation 3 Greenation 3 Greenation	ovel from State	CHARI	OF DISPOSIT	MORI 22. NA	AL AME AN	GARDEN GARDEN D ADDRESS OF NGLEY—	S FACILITY GARDI	LEO NER FUI	CATION — C ONARD VERAL	ity or Too FOWN HOM	, MARYLAN E, P.A.
23. PART Enter the diseases, prehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PMC	rob	le Ce								Approximate interval Batw Onset and Do
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c										
Λ .	s contributing to deat		resulting in				in Part i.	24e. WAS AN PERFOR	IMED?	24b.	WERE AUTOPSY FINDS AVAILABLE PRIOR TO
								1			OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 10 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/C 28a. DATE OF INJU (Month, Day, Ye	RY			ng Hom	ACE OF OEATH	ce 6 🗆 Ott		NJURY OCC	URED	
	MARYLAND ST. 10e. STREET AND NUMBER 204 WILLIS DRIVE 11. MARITAL STATUS 1 Never Merried 2 XMarried 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12TH. GRADE 17. FATHER'S NAME (First, Middle, Last) LAWRENCE MACK 19a. INFORMANT'S NAME (Type/Print) LEONARD JOHN WALC 20a. METHOD OF DISPOSITION 13. BIOMATUSE OF FUHERAL BETVICE LE 23. PART 1. Enter the diseases, prospective of the properties of the pr	10b. COUNTY MARYLAND ST. MARY S COUNTY MARYLAND 10c. STREET AND NUMBER 204 WILLIS DRIVE 11. MARITAL STATUS 1 Never Married 2 Married 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12. WAS DECEDENT EVER FORCES? 1 YEVES, GIVE WAR OF SPECIAL COUNTY IF YES, GIVE	10b. COUNTY MARYLAND ST. MARY S COUNTY 10e. STREET AND NUMBER 204 WILLIS DRIVE 11. MARITAL STATUS 1 Never Married 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES 16e. DEC (Gradier of Specify only highest grade completed) Elementary/Secondary (0-12) 12. TH. GRADE 16e. DEC (Gradier of Specify only highest grade completed) Elementary/Secondary (0-12) 12. TH. GRADE 16e. DEC (Gradier of Specific or Speci	10s. STATE 10s. COUNTY MARYLAND ST. MARY S COUNTY CA 10s. STREET AND NUMBER 204 WILLIS DRIVE 11. MARITAL STATUS 1 Never Married 1 Never Married 1 Specify only highest grade completed) 15s. DECEDENT'S EDUCATION (Ghe kind of wor life. Do NOT use if the D	10b. COUNTY MARYLAND ST. MARY S COUNTY CALIFO 10c. STREET AND NUMBER 204 WILLIS DRIVE 11. MARITAL STATUS 1	10b. COUNTY MARYLAND ST. MARY'S COUNTY CALIFORNI 10c. STREET AND NUMBER 204 WILLIS DRIVE 11. MARITAL STATUS 1	10b. COUNTY MARYLAND ST. MARY S COUNTY CALIFORNIA 10c. STREET AND NUMBER 204 WILLIS DRIVE 11. MARITAL STATUS 12. WAS OCCODENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, SIVE WAR OR DATES 13. 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DECEDENT'S EDUCATION 16. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16. DE NOT use retired. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last) 19. MAILING ADDRESS (Street and Number or Rural Route Num 19. INFORMANT'S NAME (First, Middle, Last) 19. MAILING ADDRESS (Street and Number or Rural Route Num 20.4 WILLIS DRIVE, CALIFO 20. METHOD OF DISPOSITION 20. METHOD OF DISPOSITION 21. BURNATUSE OF FURERAL BERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 23. PART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as caused that death. 24. NAME AND ADDRESS OF FACILITY 25. MATERIAL BERVICE LICENSES 25. NAME AND ADDRESS OF FACILITY 26. METHOD OF DISPOSITION (Name of cornetery, cremetory or other place) 26. DUE TO (OR AS A CONSEQUENCE OF): 27. NAME AND ADDRESS OF FACILITY 28. DUE TO (OR AS A CONSEQUENCE OF): 28. DUE TO (OR AS A CONSEQUENCE OF): 29. DUE TO (OR AS A CONSEQUENCE OF): 29. DUE TO (OR AS A CONSEQUENCE OF): 29. DUE TO (OR AS A CONSEQUENCE OF):	106. STATE MARY IND. ST. MARY SCOUNTY CALIFORNIA 106. STATE 106. STATE MARY SCOUNTY CALIFORNIA 106. ZIPCEDENT 206 19 11. MARYTAL STATUS 11. MARYTAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Coban, Mestican, Puarto Rican, etc.) 1 YES 2 XNO Specify only highest grade compiled.) 15. DECEDENT'S BUDUATION (Silve kind of invertice decementary fibrate) 16. KIND OF BUS (Specify only highest grade compiled.) 16. KIND OF BUS (Silve kind of invertice decementary fibrate) 16. KIND OF BUS (Silve kind of invertice decementary fibrate) 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melcen 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number or Rural Floure Number, City or Town 19. MAILING ADDRESS (Street and Number, City or Town 19. MAILING ADDRESS (Street and Number, City or Town 19. MAILING ADDRESS (Street and Number, City or Town 19. MAILING ADDRESS (Street and Number, City or Town 19. MAILING ADDRESS (Street and Number, City or Town 19. MAILING ADDRESS (St	10b. COUNTY ST. MARY S COUNTY CALIFORNIA 10c. STREET AND NUMBER 204 WILLIS DRIVE 11c. MARITAL STATUS 1 Never Married 2 XMarried 12c. WAS DECEDENT EVER IN U.S. ARMED PONCES? 1 YES 2 XNO 15 YES, GIVE WAR OR DATES 1 Never Married 2 XMarried 12c. WAS DECEDENT EVER IN U.S. ARMED PONCES? 1 YES 2 XNO 15 YES, GIVE WAR OR DATES 1 Never Married 2 XMarried 15c. DECEDENT'S EDUCATION 15 YES, GIVE WAR OR DATES 1 Never Merried 2 XMarried 15c. DECEDENT'S EDUCATION 15 YES, GIVE WAR OR DATES 1 YES 2 XNO 16 YES, GIVE WAR OR DATES 1 YES 2 XNO 16 YES, GIVE WAR OR DATES 1 YES 2 XNO 16 YES, GIVE WAR OR DATES 1 YES 2 XNO 16 YES, GIVE WAR OR DATES 1 YES, GIVE WAR OR DATES	10s. STATE MARY_LAND ST. MARY S COUNTY CALIFORNIA 10f. ZIP CODE 206 19 10g. CITIZEN OF W 206 19 11 _ WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. LEONARDTOWN MARYLAND 20650



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s mouns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY				EALTH AND I	MENTA	L HYGIEN	_	7 0	070	4)
	1. DECEDENT'S NAME (First, Middle, Last)	-					2. DATE	OF DEATH		YEAR	3. TIME OF DEATH	
		JAMES H	BERRY	WIND	SOR			r. 10,		YEAR	9:40 A	M
	4. SOCIAL SECURITY NUMBER		SE (In yrs. lest bir	MONT	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH		. BIRTH Countr	PLACE (State or Fore	ign
	220-42-2358	1 🔀 M 2 🗆 F	46	YRS.				.28,19			RYLAND	
.	9a. FACILITY NAME (If not institution, give a					R LOCATION OF DI	EATH		9c. COUNT			
DIRECTOR	St. Mary's	Hospital		Le	onard	own			St.	Mar	y's	
<u>ا</u> ښ	10a. STATE 10b. COUNT		10	De. CITY, TO	VN OR LOCAT	ION	:-				10d. INSIDE CITY	
	MARYLAND ST.	MARY'S COUN	TY	MECHA	NICSV	ILLE					1 WES 2X	10
FUNERAL	10e. STREET AND NUMBER				101	ZIP CODE			10g. CITIZE	N OF W	VHAT COUNTRY?	
	P.O. BOX 453					20659				J.S		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 7	ES ZY NO	°	If yes, sp	ENDENT OF HISPAI city Cuben, Mexica	en, Puerto		or No— 1	Black	— American Indian c, White, atc.	١,
à l	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	P DATES "		1 TYES	2 NO Specif	ly:			Speci	n: HITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION			L OCCUPATIO		168	. KIND OF BU	SINESS/INDU			
<u></u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do	NOT use retir	ed.)	st or working						
MP	7TH. GRADE		FARN	ÆR				FAR	M			
8	17. FATHER'S NAME (First, Middle, Leet)					18. MOTHER'S NA						
BE	ROBERT VINCENT WI	NDSOR						IE BEF				
2	19a. INFORMANT'S NAME (Type/Print)	A TO COD				nd Number or Rural						
	DOROTHY DORENE WI					MECHAN	ILCSV	7				
	1 Buriel 2 Cremation 3 Rem	ioval from State	other place)			GARDENS			CATION — CI			T
	21. SIGNATURE OF FUNERAL BERVICE LI		CHARLE	2 Literac	22. NAME AN	D ADDRESS OF FA					, MARYLAI	ND_
	Muchael	Hardin				INGLEY-G						
-	23. PART i. Enter the diseases, or			Do		BOX 270						
	shock, or haart failure.	List only one cause or	n aach iine.			0				Bt,	Approxima intarvai Be	tween
- 1	IMMEDIATE CAUSE (Final disease or condition	Candia	Kest	Jak	ww	2-1.	home	2			Onset and	Death
- 1	resulting in death)	DUE TO (OR A	S A CONSEQUE	NCE OF):	1	100					+	
z		a. Cardia DUE TO (OR A CARLIN	oma	9	Win	gin	ret	usta	25			
	Sequentially list conditions, If any, leading to immediate		S A CONSEQUE									
5	cause. Enter UNDERLYING CAUSE (Disease or injury	G										
	that initiated evants	DUE TO (OR A	S A CONSEQUE	NCE OF):								
CERTIFICATION		d									- 	
AL	PART II. Other significant condition	s contributing to deat	h but not resu	liting in th	underlyin	cause given in	Part i.	24a, WAS AN PERFOI		24b	WERE AUTOPSY FIN	
								1 TYES	. /		COMPLETION OF CA	
W											1 - YES 2 - N	0
PHYSICIAN: MEDIC												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OT	26, PI HER:	ACE OF DEATH (C)	heck only o	ne)				
Z.	1 TES 2 NO	1 N Inpatient 2 ER/C		DOA 4 🗆	Nursing Hom	e 5 🗆 Residence	Y					
표	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea	RY 2	6b. TIME OF INJURY		RK?	28d. DE	SCRIBE HOW	NJURY OCCU	RED		
B	2 Accident Investigation	28e. PLACE OF INJU	JBY — At home			/ES 2 NO	201 1.00	CATION (Street	and Alumbas a	e Durent I	Doub Alumbar	
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	Specify)		isciory, onic			or Town, State,		r Nurei r	Notice Hallion,	
	290. CERTIFIER	CIAN. To the best of the fe								_		
COMPLETED	one) —	ICIAN: To the best of my kr ER: On the basis of examina									and manner as at	ted
				carganon, m	my opinion, c			a dika prace, ai				neu.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	al M	1)			29c. LICENSE NU	R A	9	29d. DATE	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 2	7) (Type Print		1 / 3 .	ب د	1	17	113	1 /2	
		Shah. M.D.				Leonardt	O N 200	o 5W	0650			
	31. DATE FILED (Month, Day, Year)	12 REGISTRAN'S S	CHRISTANDI	Bldg	• 1	reoliaru r	OWIL	riu. Z	0050			
	NOV 1 3 '90	Sulia David	loon-Mano									

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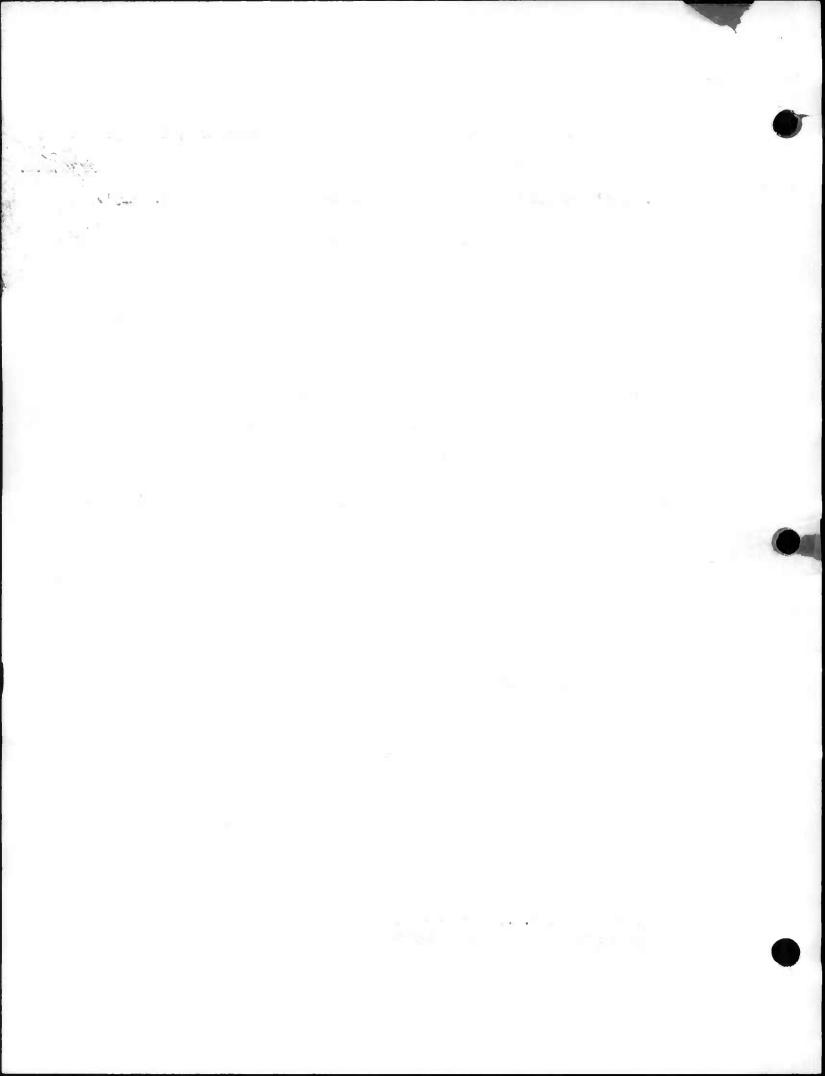
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Physics be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND /	DEPARTMENT O	F HEALTH	AND	MENTAL	HYGIENE
CE	RTIFICATE (OF DEAT	Ή		REG. NO.

	REGISTRAR			CHILICI	CALE	OF	DEAIR	7	HE	G. NO.				
į	1. DECEDENT'S NAME (First, Middle, Last) JOSEPHINE JU	JLIA WRI	GHT						2. DATE OF D MONTH NOVEM	EATH DAY	ģ. 1	Q VEAR	3:05 A	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	nt hiethelms)	IF UNDER 1	VEAD	IF UNDER 24		7. DATE OF BI		/ 		IPLACE (State or Fore	dan.
1		1 - M 2 KF	92 .			DAYS		BARNI .	(Month, Day)	Year)	1898	Countr	SHINGTON,	
	9e. FACILITY NAME (If not institution, give str	reet end number)			9b. CITY, 1	TOWN (OR LOCATION	OF DEAT	гн		9c. COU	NTY OF D	EATH	
DIRECTOR	St. Mary's Hos	spital			Le	ona	rdtown	n			St	. Ma	ry's	
ן ק	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	-		ton CITY	, TOWN OR	1004	DOM						10d. INSIDE CITY	
		ANDVIC CO	I INTINI										LIMITS?	
	MD. ST. M.	MARY'S CO	OINTY	1	IOLLY		. ZIP CODE				10a CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	Design Property of the Control of th					1								
뷛	RT. 1, BOX 740	12. WAS DECEDENT	EVED IN II C AS	OMEO.	10 10		20636 ENDENT OF 1	LIEDANIC	OBIOINS (C.	a a Maria		J.S.A	A. E — American Indier	_
	1 Never Merried 2 Merried		YES 2		H :	yes, sp	ecify Cuban,	Mexican,			W 110-	Blaci	k, White, etc.	14
B	3 Widowed 4 Olvorced	IF TES, GIVE W	AH UH DATES		''	YES	2 □ ₹NO	эреспу:				Speci	WHITE	
	15. OECEDENT'S EDUC (Specify only highest grade of	CATION	18e. DE	ECEDENT'S	USUAL OCC	CUPATI	ON ost of working		16b. KINI	OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Side .	. Do NOT us	e retired.)	ming in	ast or working							
를	8TH, GRADE		Н	OUSEW	IFE				HC	ME				
5	17. FATHER'S NAME (First, Middle, Last)								E (First, Middle		Surname)			
BE	JAMES MADISON KEI	TA					ID	AB.	GEIE	R				
2	19e. INFORMANT'S NAME (Type/Print)		19		The second of th		end Number or						(2)	
	MARION G. REESE						40, H		WOOD,					
	20e_METHOD OF DISPOSITION 1	oval from State	FOR T	of dispos	COLN	cen	metery, cremet ETRY	tory or				OD,	own, State MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	01 11			22. N.	AME A	ND ADDRESS	OF FACI	UTY	D LTI	אמיזוא	ד שמ	ME, P.A.	
	michael J.	. Hari	diner)									20650	
	23. PART/1. Enter the diseases, or c ahock, or heart feliure. I IMMEDIATE CAUSE (Final disease or condition	List only one caus		a .							ratory ar	reat,	Approxima Interval Be Onset and	tween
	resulting in death)		(OR AS A CONSE		F):		ř						24 8	405
CERTIFICATION	Sequentially list conditions, if any, teading to immediate	0	(OR AS A CONSE		-):									-
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C					_	_						
	that initiated events	OUE TO	OR AS A CONSE	EOUENCE OF	7):									
H	reaulting in death) LAST	d												
	PART II. Other significant condition	a contributing to	death but not	reaulting	in the und	darlyic	ng cause giv	ven in P	art I. 24a		AUTOPSY	248	b. WERE AUTOPSY FIN	
MEDICAL	PRAGUEE (ST FR	mur	1 Ri	647	FL	muz		10	PERFOR			AVAILABLE PRIOR TO COMPLETION OF COOP DEATH?	AUSE
AN	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF DEA	ATH (Chec	ck only one)					_
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	E9/Outpetlant	3 □ 004	OTHER	:	me 5 🗆 Resi			a a ffe d				
PHYSICIAN:	27, MANNER OF DEATH	28a. DATE OF		28b. TIM			JURY AT		28d. DESCRIE		NJURY O	CURED		
	1. Natural 5 Pending	(Month, D	ey, Year)	INJ	URY	W	ORK7 YES 2							
В	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At h	iome, farm, s	street, facto			`	28f. LOCATIO	N (Street e	nd Numbi	or Or Rural	Route Number,	
- E	4 Homicide 8 Could not be determined	building,	etc. (Specify)						City or To	wn, State)				
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	CIAN: To the best of											s) end manner es st	ated.
	29b. SIGNAPORE AND TUPLE OF CERTIFIER	R/-/	_				29c, LICEN	NSE NUMI	BER		29d. DA	TE SIGNE	O (Month, Day, Year)	
) BE	/// Well To	to fler	lun	A			0	140	88S		•	11/1	11/50	
2	30. NAME AND ADDRESS OF PERSON WHO Mark Henderson						117	,				-		
	31. DATE FILED (NOW 1 3 90	gulia	Davidoon	Marines	7.0									

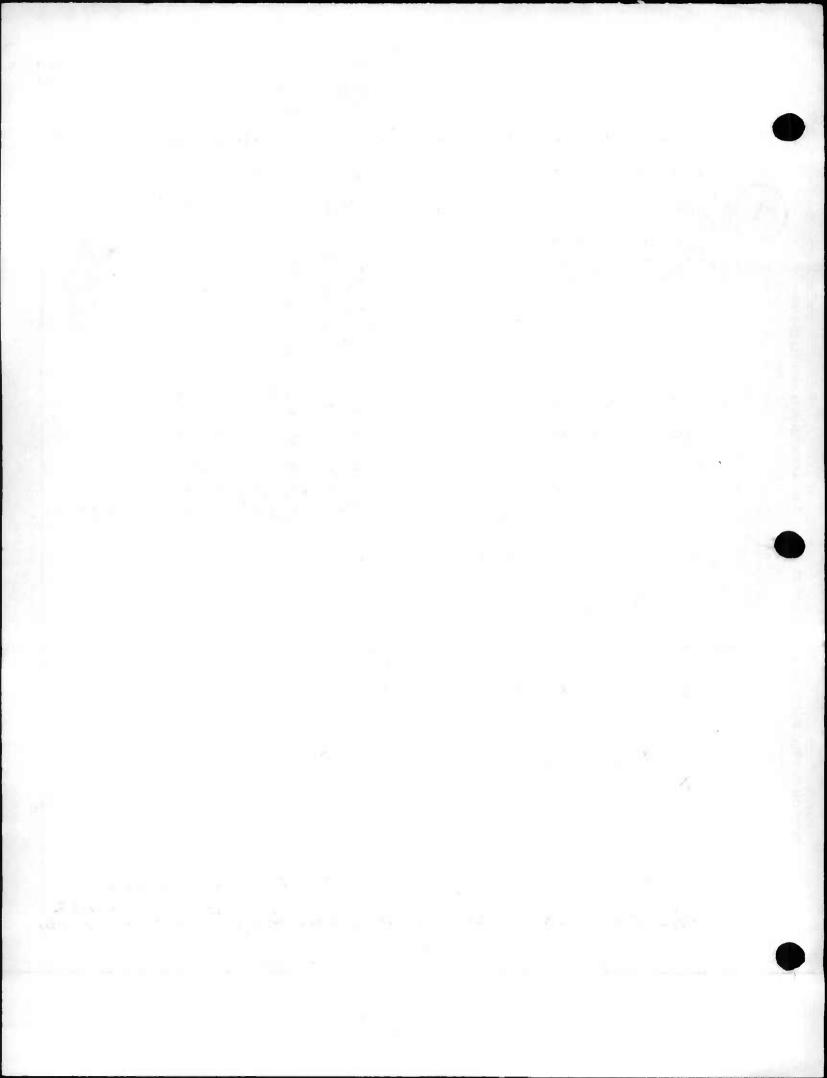


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ent of Health and Mental Hyniene prior to burial cremation or removal	33 shows any injury or other traumatic event the medical examiner must be notified at
q:	0

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAI	HYGIENI REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		TI DED C	D		MONTH	OF DEATH DA	Y	EAR	TIME OF DEATH
HERSCHEL C			K .	IF UNDER 24 HRS.		of BIRTH	1990	_	2:00 PM
219-34-8044 9e. FACILITY NAME (If not institution, give st	1v M 2 F	54 YRS. MO	ONTHS DAYS	HOURS MIN.	(Month	12/3	5 V	irg	inia
Rt. 1. Box 18	reet and number)			alsburg			Caro		
10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				100	1. INSIDE CITY
Maryland Caro	line	F	edera	Isburg			10g. CITIZEN		YES 2 NO
Rt. 1, Box 1	8		101.	21632				. S . A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 7 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO ATES	If yes, spe	ENDENT OF HISPAI ecify Cuban, Maxica 2 NO Specif	in, Puarto f		or No— 14.	RACE — Black, W Specify:	American Indian, hite, atc. White
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATION done during modelired.)	N st of working	18b.	KIND OF BUS	INESS/INDUST	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		uctor		MI	Mot	or Ve	hic1	e
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA					
White N. Wil	der				_	ek Wi			
198. INFORMANT'S NAME (Type/Print) Henrietta G. W	ilder	101		18, Fe					1632
20s. METHOD OF DISPOSITION 1. Surface 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	20b	. PLACE OF DISPOSITION other place)	ON (Name of cen	netery, crematory or		20c. LO	CATION — City	or Town,	State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	MD	Veter 22. NAME AN	ans Cem	CILITY	I Hu	rlock	, MI)
> michael J	Eshow		Fram	ptom-Ha	wki	ns Fur	neral	Hor MD 2	me 21632
23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on e				th as card	llac or respi	ratory srreat	,	Approximats Interval Batween Onset and Desth
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	573	•					
	1.								
PART II. Other eignificant condition Councils & Tu-				g ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	CO OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	eck only on	10)			
1 - YES 2 19 NO	1 Inpatient 2 ER/Outp	atlant 3 DOA 4	☐ Nursing Hom	5 ARasidenca					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME C	Y WO	URY AT RK? (ES 2 NO	28d. DES	CRIBE HOW IF	JURY OCCUR	ED	
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, offic			ATION (Street a or Town, State)	nd Number or I	Rural Route	Number,
anal	CIAN: To the best of my know							ause(s) an	d manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER S. W. 714	7. M.	D		29c. LICENSE NU	19	20	100	101	onth, Dey, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr. 15 BLOG	mING	DALE	AVE,	, FE	DERA	LSB	21632 30RS, MD
OCT 1 1 90	I 32. REGISTRAR'S SIGN	-Andell			- /				- /



BALTIMORE, MARYLAND 21203-3146	an nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit p. on. or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filed within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIFIC	CATE OI	DEATH		REG. NO.			
							OF DEATH			3. TIME OF DEATH
RAYMOND	NORRIS		WT	LLIAMS		MONTE	ember.		YEAR 1990	6:15 A
4. SOCIAL SECURITY NUMBER		AGE (In yrs. In	st birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
213 22 5929	1 ▼ M 2 □ F	61	YRS.	ONTHS DAYS	HOURS MIN.		13–29		Country	cvland
9e. FACILITY NAME (If not institution, give s	treet and number)		9	b. CITY, TOWN	OR LOCATION OF DE		13-29	9c. COU	NTY OF D	
Perry Point Ve	terans'	Cente	r l	Per	ry Poin	t.		Ced	cil	
RESIDENCE OF DECEDENT					-1 10111			00.		
10e, STATE 10b, COUNT			10c, CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
Maryland C	aroline			De	nton				- 1	1 XYES 2 NO
10e. STREET AND NUMBER				1	ef. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
232 Carter Ave	nue				21	629		U	.S.A	
11. MARITAL STATUS	12. WAS DECEDENT E				CENDENT OF HISPAN			or No—	14. RACE	- American Indien,
1 Never Married 2 Merried	FORCES? 1X		МО	If yes,	specify Cuben, Mexice S 2 NO Specific	n, Puerto F	Rican, atc.)		Speci	, White, atc.
3 Widowed 4 XDivorced	1951-195			""	open,				_	casian
15. DECEDENT'S EDU (Specify only highest grade		16e. Di	CEDENT'S US	BUAL OCCUPAT	TION	16b.	KIND OF BUS	SINESS/INC		Cap Lan
Elementary/Secondery (0-12)	College (1-4 or 5+)	His	Do NOT use	k done during r retired.)	nost or working					
11	1		Pain	ter			Pain	tino	a	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, A				
Raymond J.	Williams				Blan	nche	Dea	n		
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS (Stree	end Number or Rural				Code)	
Virginia Brad	1ev		232	Carte	r Avenu	a D	entor	M:	2 r v 1	and 21629
20. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSIT	ION (Name of r	emetery cometony or		20c LO	CATION _	City or To	wn Stete
ty∃ Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Dorration 5 ☐ Other (Specify)	oval from State	MD F	lace)	n Sho	ro Voto	emet	ery Do	1 - 1	h 1V	aryland
21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE ,	TIND E	aster	22. NAME	AND ADDRESS OF FA	CILITY] Be	ulai	II, IV	laryland
10 40					e Funer		lome.	P.A		
Hurs pr	e cero	w		Drav	rer B, D	ento	n, MI	21	629	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	R AS A CONSE	OUENCE OF):							
resulting in death) LAST										
	d									
PART II. Other aignificant condition	na contributing to de	eath but not	reculting in	the underly	ng cause given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS
							1 TYES 2	2 4		COMPLETION OF CAUSE
								/		OF DEATH?
						-				
				26.	PLACE OF DEATH (Ch	eck only or	ne)			
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 X Inpatient 2 □ E	D/Outpationt		THER:						
EXAMINER?			28b. TIME		ome 5 Residence		CRIBE HOW I	N.IURY OC	CURED	
EXAMINER? 1 VES 2 XNO			mount contain	W N	VORK?	100.00.	TOTAL TION I	1100111 00	OUNED	
EXAMINER?	28a. DATE OF IN (Month, Day,		INJUE							
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,	Year)		M 1	YES 2 NO	291 100	ATION (Street	and Mumba	or Rumi S	South Mirmhae
EXAMINER? 1	28a. DATE OF IN	Year) NJURY — At h		M 1	YES 2 NO		ATION (Street of Town, State)	and Number	r or Rural F	loute Number,
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 XNetural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, et	NJURY — At h	ome, ferm, atn	M 1 _	YES 2 NO	Clty	or Town, State)			Route Number,
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only 1) CERTIFVING PHYS	28e. DATE OF IN (Month, Day, 28e. PLACE OF building, et	Year) NJURY — At h c. (Specify) y knowledge, d	ome, ferm, atn	M 1	YES 2 NO	City	or Town, State)	nner ee sta	ted.	
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. DATE OF IN (Month, Day, 28e. PLACE OF building, et	Year) NJURY — At h c. (Specify) y knowledge, d	ome, ferm, atn	M 1	YES 2 NO	City	or Town, State)	nner ee sta	ted.	
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only 1) CERTIFVING PHYS	28e. DATE OF IN (Month, Day, 28e. PLACE OF building, et	NJURY — At h c. (Specify) y knowledge, d mination end/or	ome, ferm, atn	M 1	YES 2 NO	to the cau	or Town, State)	nner ee sta	ted. he cause(s	
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, et ICIAN: To the best of m ER: On the basie of example	NJURY — At h c. (Specify) y knowledge, d mination end/or	ome, ferm, atn	M 1	YES 2 NO	to the cau	or Town, State)	nner ee stat d due to th	ted. he cause(s) end manner ee stated. (Month, Day, Year)
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	28a. DATE OF IN (Month, Day, 28e. PLACE OF building, et ician: To the best of m ER: On the basis of example.	NJURY — At h c. (Specify) y knowledge, d mination end/or	esth occurred	M 1	YES 2 NO	to the cau	or Town, State)	nner ee stat d due to th	ted. he cause(s) end manner ee stated. (Month, Day, Year)
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WITH	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, et ICIAN: To the best of m ER: On the basic of example of example of completed CAUSE	NJURY — At h c. (Specify) y knowledge, d mination end/or OF DEATH (ITI	eath occurred investigation,	M 1	YES 2 NO lice te end place, end due death occured at the	City to the cau time, date	or Town, State) use(e) end mar end place, an	anner ee stat d due to th	ted. he cause(s) end manner ee stated. (Month, Day, Year)
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIER AND TOTAL CONTROL OF CERTIFIER 20 AND TOTAL CONTROL OF CERTIFIER 21 AND TOTAL CONTROL OF CERTIFIER 22 AND TOTAL CONTROL OF CERTIFIER 23 AND TOTAL CONTROL OF CERTIFIER 24 AND TOTAL CONTROL OF CERTIFIER 25 AND TOTAL CONTROL OF CERTIFIER 26 AND TOTAL CONTROL OF CERTIFIER 27 AND TOTAL CONTROL OF CERTIFIER 28 AND TOTAL CONTROL OF CERTIFIER 29 AND TOTAL CONTROL OF CERTIFIER 20 AND TOTAL CONTROL OF CERTIFIER 29 AND TOTAL CONTROL OF CERTIFIER 20 AND TOTAL CONTROL OF CERTIFIER 21 AND TOTAL CONTROL OF CERTIFIER 21 AND TOTAL CONTROL OF CERTIFIER 22 AND TOTAL CONTROL OF CERTIFIER 23 AND TOTAL CONTROL OF CERTIFIER 24 AND TOTAL CONTROL OF CERTIFIER 25 AND TOTAL CONTROL OF CERTIFIER 26 AND TOTAL CONTROL OF CERTIFIER 27 AND TOTAL CONTROL OF CERTIFIER 26 AND TOTAL CONTROL OF CERTIFIER 27 AND TOTAL CONTROL OF CENTROL OF CENTROL OF CENTROL OF CENTROL OF CENTROL OF CENTROL OF CE	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, et ICIAN: To the best of m ER: On the basic of example of example of completed CAUSE	NJURY — At h c. (Specify) y knowledge, d mination end/or OF DEATH (ITI edical s signature	esth occurred investigation, EM 27) (Type, P	M 1	YES 2 NO lice te end place, end due death occured at the	City to the cau time, date	or Town, State) use(e) end mar end place, an	anner ee stat d due to th	ted. he cause(s) end manner ee stated. (Month, Day, Year)
EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	28e. DATE OF IN (Month, Day, 28e. PLACE OF building, et	NJURY — At h c. (Specify) y knowledge, d mination end/or	ome, ferm, atn	M 1	YES 2 NO	to the cau	or Town, State)	nner ee stat d due to th	ted. he cause(s) end manner ee stated (Month, Day, Year)

1 AC 5 Sec. 1 1 AC 5

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FOR STATE REGISTRAR	Diese .	STATE OF I	MARYL			MENT OF				MEN	TAL HYGIEN	E		0 0 / 0 0 3	
1. DECEDENT'S NAME (FIRST, GEORGE TOI		WATTERS	, SF	₹.						M	ATE OF DEATH ONTH DA	1990		3. TIME OF DEATH 12:25P M	
4. SOCIAL SECURITY NUME 219-28-0789		5. SEX		In yrs. lest	lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. MONTHS DAYS HOURS MIN.				7. D.	ATE OF BIRTH		6. BIRTHPLACE (State of)			
9a. FACILITY NAME (If not in THE JOHNS	-		ITAL		96. CITY, TOWN OR LOCATION OF DE BALTIMORE CITY								TIM	MORE CITY	
RESIDENCE OF DEC	10b. COUNT	Y			10c. CITY	, TOWN OR LO	DCATIC	ON:						10d. INSIDE CITY	
Maryland		rford				oppa								LIMITS?	
100. STREET AND NUMBER 2417 Jerusa		oad .						ZIP CODI 1085				10g. CITIZEN OF WHAT COUNTRY? USA			
11. MARITAL STATUS 1 Naver Merried 2 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE Peacet	MAR OR D	2 NO		If yes	s, spec	Ify Cuba		ın, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No—	Spec	E — American Indian, ck, White, etc. city:	
15. DEC	EDENT'S EDU	CATION completed)		16a, DEC	EDENT'S	USUAL OCCUP	PATION	of workle	207		16b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12) College (1-4 or 6+) 12 College (1-4 or 6+) Foreman - Construction Municipal-govern								vernment							
17. FATHER'S NAME (First, Middle, Lest) Charles William Watters, Sr. 16. MOTHER'S NAME (First, Middle, Melden Surneme) Louise — Davis															
190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Evelyn L. Watters 2417 Jerusalem Road, Joppa, Md. 21085															
20e. METHOD OF DISPOSITION Solution Comment Comme															
21. SIGNATURE OF FUNERA	D 19	CENSEE /	27/1/	101	12)	Howa	ard	K.		oma	s III F			ome, P.A. d. 21009	
23. PART I. Enter the d														Approximate	
IMMEDIATE CAUSE (FI	nel	List only one ce				mis	4	5000	hy	WU	talem	1100		Interval Between Onset and Death	
resulting in death)		s. Carl	hal	Fail	me	SECN								1 month	
Sequentially list condi- if any, leading to imme cause. Enter UNDERLY	dists	DOE II	OH AS	A Falms from cheme as a consequence of:										2 monts	
CAUSE (Disease or Injustrat initiated events resulting in death) LAS		DUE TO	O (OR AS	A CONSEO	UENCE O	F):									
PART II. Other signific			o desth i	but not re	sulting	In the under	rlying	ceuse	given in	Part	J. 24e. WAS AN PERFO	RMED?	24	b). WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
											1,0,123			OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED	TO MEDICAL						26. PL	ACE OF E	DEATH (C	heck o	nly one)				
EXAMINER?		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTHER:					Other (Specify)				
27. MANNER OF DEATH	Pending	28e. DATE O (Month,	Dey, Year)		26b. TIM	E OF 28	c. INJU	JRY AT		_	. DESCRIBE HOW	INJURY O	CCURED		
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJUR g, etc. (Spe	Y — At her	me, ferm, i	street, factory,				28t	LOCATION (Street City or Town, State	and Numb)	er or Rura	l Route Number,	
CONSTRUCTION OF THE STATE OF TH		SICIAN: To the best												o(e) and menner ae stated.	
29b. SIGNATURE AND TITL			-					29c. LIC	ENSE NU	JMBER				ED (Month, Day, Year)	
30. NAME AND ADDRESS (OF PERSON W			EATH (ITER	il 27) (Type	, Print)		<u>u</u>	100		-		_/		

NI WOLFEST.

DIVISION OF VITAL RECORDS, P.O. BOX 13146, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zeron.

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

32. REGISTRAN'S SIGNATURE
JESKE Davidson-Randalle

0

VUNNE

21205

MA

BALTIMORE

FOR

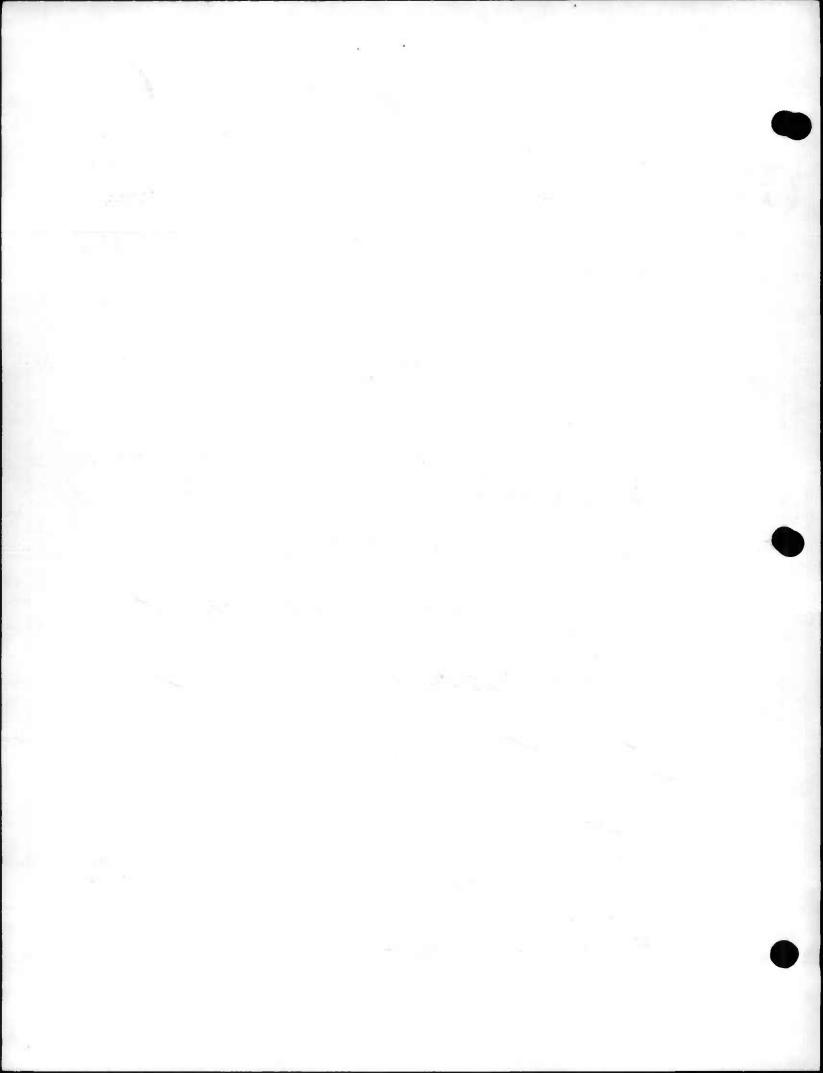
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any local death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

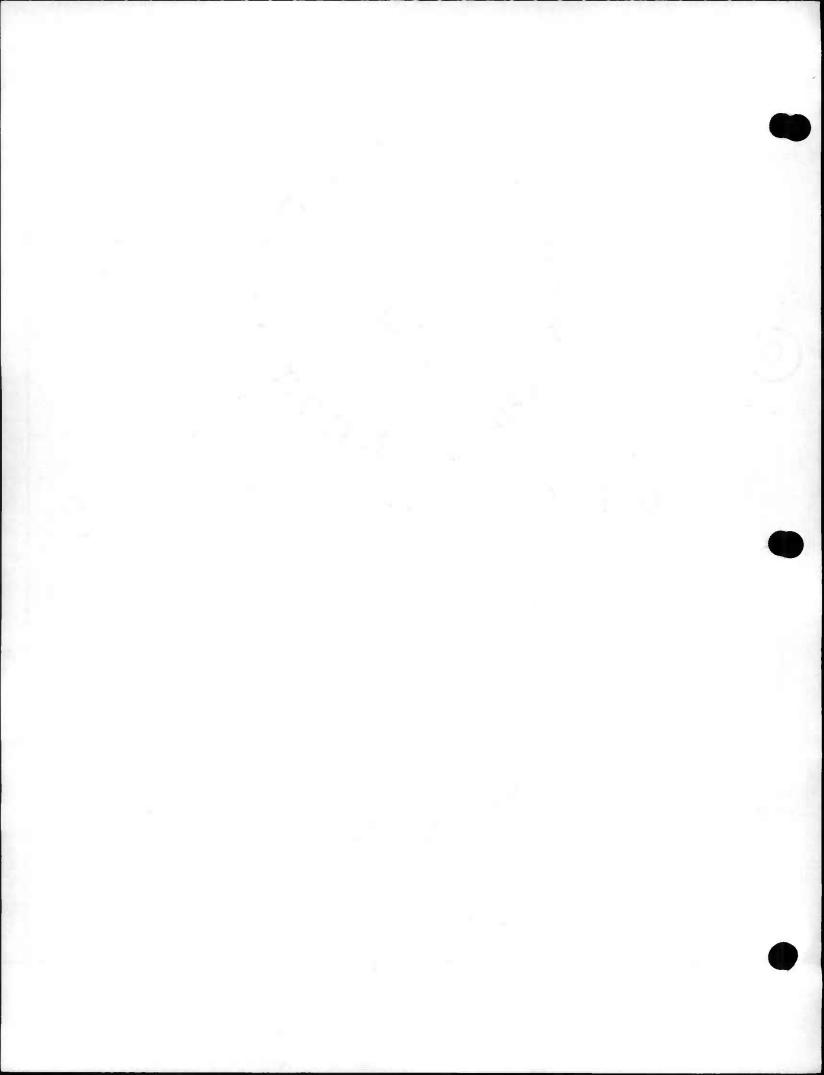
	REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)	- 1				2. DATE OF D	DEATH	YEAR	3. TIME OF DEATH		
		NELLIE	Pauline	WARNI	CK		ber 29,		6:05 p M		
1	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AC		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	8 BIRTH	IPI ACE (State or Foreign		
4	232 40 1037		34 YRS.	NTHS DAYS	HOURS MIN.	7-1-		Mar Mar	yland		
~	9a. FACILITY NAME (If not institution, give street		96		R LOCATION OF DE	ATH	3.00				
DIRECTOR	Memorial Hospit	tal		Cum	berland			Alleg	any		
티	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CITY TO	OWN OR LOCAT	ON		-		10d. INSIDE CITY		
8		1					LIMITS?				
91	W.Va Miner	raı	ETK	Garde			I a Sa	MXYES 2 ☐ NO			
₹	10e. STREET AND NUMBER				ZIP CODE						
9	Shadyside Rd				6717			JSA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	2. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, spe	ENDENT OF HISPAN ledity Cuban, Mexicar 2 NO Specify	n, Puerto Rican		14. RACE Black	E — American Indian, k, White, etc. bte		
	15. DECEDENT'S EDUCAT	TION	18a. DECEDENT'S US	UAL OCCUPATION	N	16b. KIN	D OF BUSINESS/II	NDUSTRY			
COMPLETED	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of work	done during mon tired.)	st of working						
7	UNK	Conege (I-4 til 5 +)	Cook			Mir	neral (20 8	Senior Cit		
N	17. FATHER'S NAME (First, Middle, Last)		COOK		18. MOTHER'S NAI				Jenior Cie		
Ö	George Sawers				34.00		Sheppai				
BE	19a. INFORMANT'S NAME (Type/Print)		105 MAIL INC AD	DDEER /Damed o							
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. Tranum 19c. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
						-11 / 11 /					
	20a. METHOD OF DISPOSITION 1 G-Burlal 2 Cremation 3 Remove	al from State	20b. PLACE OF DISPOSITI other place)	ON (Name of cen	netery, cremetory or		20c. LOCATION				
	4 Donation 5 Other (Specify)		TOOF Cer				Elk Ga	arder	n W.Va		
	21. SIGNATURE OF FUNERAL SERVICE LICEN				d A. Bu		rH :				
	· Maria A. X	undock			ox 523			ъм.	21538		
	23. PART I. Enter the diseases, or co								Approximata		
	ahock, or heart failure. Lit IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a.	F	NEUI	701	WA				Interval Between Onset and Death		
z	C.	DUE TO (OR	AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE OF):	1	IBM	1111	2770	n			
5	CAUSE (Disease or injury	DUE TO (OR	AS A CONSEQUENCE OF):		117		110		1		
E	that initiated events requiting in death) LAST	552 10 (6111	TO THE OFFICE OF P.								
#	d.										
2	PART II. Other eignificant conditions	contributing to dear	th but not resulting in	the underlying	g cause given in	Part i. 24	. WAS AN AUTOPS	Y 240	b. WERE AUTOPSY FINDINGS		
DICAL	11A-	-6 -13	VETTP	25			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
		- 1				_ ''	YES 2 NO	1	OF DEATH?		
ME I						-			1 TES 2 NO		
Z											
ᅙ		HOSPITAL:		Z6. PI	ACE OF DEATH (Ch	eck only one)					
YS.		1 npetient 2 ER/			e 5 🗆 Residence						
BY PHYSICIAN:	27. MANNER OF DEATH 1 Average 6 Pending Investigation	28a. DATE OF INJU (Morith, Day, Ye		Y WO	URY AT ORK? YES 2 NO	28d. DEŞCRI	BE HOW INJURY	OCCURED			
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At home, ferm, stre (Specify)	et, factory, offic	•	281. LOCATIO City or To	ON (Street and Num own, State)	ber or Rural	Route Number,		
4	29a. CERTIFIER	man see a see	Land of the second								
COMPLET	(Check only		cnowledge, death occurred nation and/or investigation,						(a) and manner as stated.		
BE C	296 SIGNATURE AND THE OF CERTIFIER	m			29c. LICENSE NUI		29d, C	ATE SIGNED	D (Mong) Day, Year)		
TOE	1	-0.			D 1876	69	1	17	191		
-	Dr James M. Ra		loor Memori		oital-Cur	mherla	nd. MD	2150:	2		
41	Se Darre Fill D. Month, Day, Ybar)	32. REGISTRAR'S			- LULE OUI	CL La	, III	2100	_		
	JAN 10 90		idea Poplate								
									DHMH-16 Rev 1/89		



	FOR 1 - STATE REGISTRAR	STATE OF MAR		ARTMENT (MENTAL	HYGIENE REG. NO.			0,000
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	F DEATH DAY	,	3. 1	TIME OF DEATH
	ROBERT	G.	W	IBLE,	III		12	2			1:34 P M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthd			F UNDER 24 HRS.	7. DATE OF (Month,	BIRTH Day, Year)	8	. BIRTHPLA Country)	CE (State or Foreign
	147 24 2407	1 M 2 F	58 YRS	S				-1932			ersey
_	9a. FACILITY NAME (if not institution, give a			9b. CITY, T		LOCATION OF E	DEATH		9c. COUNT	Y OF DEATH	4
5	Doctor's Ho	spital]	Lanham			Princ	ce Ge	orge's
DIRECTOR	10a. STATE 10b. COUNT	Y	10c.	CITY, TOWN OR	LOCATION	N				100	I. INSIDE CITY LIMITS?
님	Maryland Prin	ce Georges	В	owie						1 [YES 2 NO
A	10e. STREET AND NUMBER	-			101. Z	IP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	5907 Hillmeade	Road				20720					tates
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV		If y	yes, speci	DENT OF HISPA ty Cuban, Mexic	an, Puerto Ric	(Specify Yes an, etc.)	or No—	4. RACE — Black, W	American Indian, hita, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 5	X YES 2	NO Spec	⊮y: Ye	S		Specify	White
	15. DECEDENT'S EDU		16a. DECEDEN	T'S USUAL OCC	CUPATION				INESS/INDU		WHITE
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	iffe. Do NO	of work done du of use retired.)	nng most o	or working					
COMPLETED	12		Elect	ronics	_				overn	ment	
000	17. FATHER'S NAME (First, Middle, Lest)				1	8. MOTHER'S N	AME (First, Mi	ddle, Maiden	Surname)		
BE	Robert G. Wible	II	404 000	ING ADDRESS (Lillia		_	- Contr. 71- 6) - d-1	
2											716
8	Teresa Dimka		20b. PLACE OF DIS	9 Nort					VIADO CATION — CI		716 State
	1 Buriel 2 2 Cremetion 3 Ren 4 Donation 8 Other (Specify)	ioval from Stata	Metropo	litan (Crema	atory		A1	exandı	ria V	irginia
ner	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. N	AME AND	ADDRESS OF F	ACILITY				
E C	3 trouble	Camo.	Poor			-Evans					nd 20715
200	23. PART I. Enter the diseases, or										Approximate
E	ahock, or heert fellure. IMMEDIATE CAUSE (Final	List only one ceuse	on each line.								Interval Batween Onset and Death
e l	disease or condition resulting in death)	. Contact	Gunshot	Wound a	of He	ead					
event, the medical	reacting in death)		AS A CONSEQUENC								
	Sequentially list conditions,	b	AS A CONSEQUENC		_						
CERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OF	1 AS A CONSEQUENC	E OFJ:							
TIFIC	CAUSE (Disease or injury that initiated events	C. DUE TO (OI	AS A CONSEQUENC	E OF):							
PHT I	resulting in death) LAST	d									
	PART II. Other algnificent condition	ns contributing to de	eth but not result	ing in the und	ierlying (ceuse given i	n Part I.	24a, WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
								PERFOR	RMED?	AN	MILABLE PRIOR TO OMPLETION OF CAUSE
shows any : MEDIC								1 X) YES 2	. □ NO		DEATH?
of :										1	W 152 5 110
ced, or Item 23 shows any PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATH (Check only one)			
Sic	EXAMINER?	HOSPITAL:	Exam Room	OTHER		5 - Residenc	e 8 🗆 Other	(Specify)			
품 등	27, MANNER OF DEATH	38s. DATE OF IN. (Month, Day)		TIME OF INJURY	28c. INJUI WOR		28d. DES	CRIBE HOW	NJURY OCC	URED	
mark BY	1 Netural Funding 2 Accident Inwestigation			:30PM	1 🗌 YE	S 2 NO			shot s		
- C	X3XX Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF 8 building, etc					20f. LOCA City o	r Town, State,	Docto	or's	Hospital,
E I	an accounts			ding (h					P.G. (Count	y. MD
IMPORTANT: If Item 28 is marked, or Item D BE COMPLETED BY PHYSICIA	(Check only	SCIAN: To the best of m	_								nd manner as stated.
E C	296. SIGNATURE AND TITLE OF CENTRY	10	1			29c. LICENSE N	IUMBER		29d. DATE	SIGNED (M	lonth, Day, Year)
MPOR O BE	Topar	uale	5			00	CME			12-3	0-90
은	30. NAME AND ADDRESS OF PERSON W										
		ek, M.D., (111 Per	nn St	treet,	Balti	more,	MD 2	21201	vl
	JAN 0 9 291	32. REGISTRAR									
	7 7 7	Lesia Nacidana	Produce								DHMH-18 Rev 1/8

in the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\infty\$, nours after death. Page 6 may be retained by 10 THE RUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral affection, and 5 moour in the be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to bund, cremation, or removal. BALTIMORE, MARYLA DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89



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31, DATE FILED (Month, Day, Year)

											90	37536	
	1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	TMENT	OF HEA	LTH AN	D MEN	ITAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, L	ast) Cath	erine, S			0. 0.		2. [DATE OF DEATH			3. TIME OF DEATH	
J	Cathon	ine 5.	Vou	ng	100110				tober 28	AY 10	YEAR	16:50 PM	
NΙ	4. SOCIAL SECURITY NUMBER	5, SEX	8. AGE (In yrs.		IF UNDER 1	YEAR IF	F UNDER 24 HF		ATE OF BIRTH	LACE (State or Foreign			
1) [219-12-1089	1 M 2 XF	66	YRS. MONTHS DAYS NOURS MIN.					Month, Day, Year)	022	Country		
/	90. FACILITY NAME (If not institution,		00	9b. CITY, TOWN OR LOCATION OF DE					ec. 1, 1	land			
a.			- 1		90. GIT,						UNTY OF DEATH		
DIRECTOR	Washington Cou		ат			1	Hager	stow	n	Washington			
i ii	10e. STATE 10b. CO		_	10c. CIT	Y, TOWN OR	LOCATION	1					10d. INSIDE CITY	
=	Maryland W	ashington		Н	agers	town				LIMITS?			
	10e. STREET AND NUMBER					-	P CODE			10g. CIT		HAT COUNTRY?	
FUNERAL	921 Noland Dri	Ve					2174	n			USA		
	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.						RIGIN? /Specify Ve	or No-			
	1 Never Merried 2 Merried	FORCES?	1 YES 24	NO	11	yes, specify	y Cuben, Me	exicen, Pu	erto Rican, etc.)	0.110		— American Indian, White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		'	☐ YES 2 }	NO S	pecify:			who	te	
0	15, DECEDENT'S	EDUCATION	18a,	DECEDENT'S	USUAL OC	CUPATION			16b. KIND OF BU	SINESS/INI			
	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5	1/2	(Give kind of work done during most of working life. Do NOT use retired.)									
15	8	0	**	fruit packing					Raei	Bro	thers		
COMPLET	17. FATHER'S NAME (First, Middle, Las	t)						S NAME (F	First, Middle, Maiden		01101		
	John Delauter						В	e111a	h Snydei				
BE	10s. INSCRIBANT'S NAME (Resolver)												
2	Kenneth Young 921 Noland Drive, Hagerstown, Md. 21740												
	20e. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO			-				City or Toy		
	1 Surial 2 Cremation 3 4 Donation 5 Other (Specify)		other	enlaw								, Md.	
1 1	21. SIGNATURE OF FUNERAL SERVICE		- 1 016	CIIIAW			ADDRESS O			LIIaiii	SPOL	. Mu .	
1 1		DAN	7	` .	/				HOME				
Щ	200	00//	ens	uel								Md. 21740	
	23. PART i. Enter the diseases shock, or heart fell	, or complications th lure. List only one cs			not enter t	the mode	of dying,	auch sa	cardiac or resp	iratory ar	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final											Onset end Death	
	disease or condition resulting in death)	8	CAR O (OR AS A CON	010	1940	PAT	744						
Z	Sequentially list conditions,	To COK	CORAS A CON	4 4	EAN	1 10%	STOA	SE					
CERTIFICATION	If any, leading to immediate								3.6				
2	cause. Enter UNDERLYING CAUSE (Disease or injury	a 4146	ROSCLA	NOTIC	- CAK	21X0-	VA8C	46	HR DIST	E436		-	
늘	that initieted events resulting in death) LAST												
H H	resulting in death) EAST	d. DI4	SETES.	MEL	-C174°	5	YPB.					1	
1 - 1	PART II. Other significent cond	ditions contributing t	o deeth but no	ot resulting	in the und	derlying c	ause give	n in Part	1. 24a. WAS AI		24b.	WERE AUTOPSY FINDINGS	
	(100%	17C07 - PO	ST. UP.	Goli	570%	11/	P85	-	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
8	60 H RVC		1	CIN	1010	PEUN	n. (s	n Ma	a I L TES	ZILIMO		OF DEATH?	
EDICA	Read OF	· Pie I	/ /	ship you	101	10000	7 0 1	10001 8-	7			1 YES 2 NO	
MEDICAL	Reml Fr	TLOZ Po olu - d	en ha										
AN: MEDICA			u ho					H /Check o	inh one)				
ICIAN: MEDICA	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER	26. PLAC	E OF DEAT						
YSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	☐ ER/Outpetient	3 DOA	OTHER	26. PLAC	E OF DEAT	ince 8 🗆	Other (Specify)				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpution 2 28e. DATE O	☐ ER/Outpetient	3 DOA 28b. TIR	OTHER	26. PLAC i: lng Home 28c. INJURY WORK	SE OF DEAT	ence 8 🗆		INJURY OC	CURED		
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 28e. DATE O (Month,	ER/Outpetient	3 DOA	OTHER 4 Nurs ME OF JURY M	26. PLACI i: ling Home 28c. INJURY WORK 1 YES	CE OF DEATO	28d	Other (Specify)				
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigs 2 Accident Investigs 3 Suicide 8 Could in	HOSPITAL: 1 Inpatient 2 28e. DATE O (Month, atton ot be building	☐ ER/Outpetient	3 DOA	OTHER 4 Nurs ME OF JURY M	26. PLACI i: ling Home 28c. INJURY WORK 1 YES	SE OF DEAT	28d	Other (Specify)	and Numbe		oute Number,	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigs 2 Accident Investigs 3 Suicide 8 Could no determine	HOSPITAL: 1 Inpatient 2 28e. DATE O (Month, atton ot be building	ER/Outpetient FINJURY Day, Year) OF INJURY — AI	3 DOA	OTHER 4 Nurs ME OF JURY M	26. PLACI i: ling Home 28c. INJURY WORK 1 YES	SE OF DEAT	28d	Other (Specify) 1. DESCRIBE HOW 1. LOCATION (Street	and Numbe		oute Number,	
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANYER OF DEATH 1 Netural 5 Pending 2 Accident a Could in determine the could in determine the could in the could i	HDSPITAL: 1 for inpatient 2 28e. DATE C (Month, atton of be bed PHYSICIAN: To the best of	□ ER/Outpetient F INJURY Day, Year) OF INJURY — At a, etc. (Specify)	3 DOA 28b. TIR IN home, farm,	OTHER 4 Nurs ME OF JURY M atreet, factor	26. PLACE Ing Home 28c. INJURY WORK 1 YES Ory, office	5 Reside Y AT Y S 2 No	286 286 286	Other (Specify) d. DESCRIBE HOW L. LOCATION (Street City or Town, State the cause(e) end me	and Number)	or or Rumi R		
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANYER OF DEATH 1 Netural 5 Pending 2 Accident a Could in determine the could in determine the could in the could i	HDSPITAL: 1 for inpatient 2 28e. DATE C (Month, atton of be bed	□ ER/Outpetient F INJURY Day, Year) OF INJURY — At a, etc. (Specify)	3 DOA 28b. TIR IN home, farm,	OTHER 4 Nurs ME OF JURY M atreet, factor	26. PLACE Ing Home 28c. INJURY WORK 1 YES Ory, office	5 Reside Y AT Y S 2 No	286 286 286	Other (Specify) d. DESCRIBE HOW L. LOCATION (Street City or Town, State the cause(e) end me	and Number)	or or Rumi R		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANYER OF DEATH 1 Netural 5 Pending 2 Accident a Could in determine the could in determine the could in the could i	HOSPITAL: 1 Inpetient 2 28e. DATE O (Month, attion 28e. PLACE building PHYSICIAN: To the best of	□ ER/Outpetient F INJURY Day, Year) OF INJURY — At a, etc. (Specify)	3 DOA 28b. TIR IN home, farm,	OTHER 4 Nurs ME OF JURY M atreet, factor	26. PLACE Ing Home 28c. INJURY WORK: 1 YES Pry, office me, date encolonion, deatl	5 Reside Y AT Y S 2 No	286 286 286 d due to til at the time	Other (Specify) d. DESCRIBE HOW L. LOCATION (Street City or Yown, State he cause(e) and man, date and place, a	and Number) Priner as strend due to 1 29d. DA	or or Aural A		

HAUFINSTULM

32. REGISTRAR'S SIGNATURE

OAK HILL

AL

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (IF DEA	I III	REG. NO).	
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2.	. DATE OF DEATH	MY	3. TIME OF DEATH
		HERBERT	EVERETT	YEAT	MAN. S	R.	Nov. 7.	1990	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	T	BIRTHPLACE (State or Foreign Country)
	212-12-5758	1 🗔 M 2 🗆 F	72 YRS.	MONTHS DA	rs HOURS	MIN.	CT. 26,1	918	MARYLAND
	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TO	VN OR LOCAT				NTY OF OEATH
5	St. Mary'	s Hospital		T.	eonard	town		k	St. Mary's
5	RESIDENCE OF DECEDENT				0011020	. 00 1122		9.9	
DIRECTOR	10a. STATE 10b. COUNT	1	10c. CIT	Y, TOWN OR L	CATION				10d. INSIDE CITY LIMITS?
	MARYLAND ST.	MARY'S	R	IDGE					1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP COD	E		10g. CITI	ZEN OF WHAT COUNTRY?
띮	GENERAL DELIVERY	, BOX 392			20	0680		U	.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1X YES	IN U.S. ARMEO	13. WAS	DECENDENT	OF HISPANIC	ORIGIN? (Specify Ye	e or No-	14. RACE — American Indien, Black, White, etc.
ВУ Б	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		YES 2 X NO		ruento Micen, etc.)		Specify: WHITE
		W.W.I	I	_					WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEOENT'S (Give kind of	Work done during retired.)	ATION most of world	ing	16b. KIND OF BL	SINESS/IND	DUSTRY
=	Elementary/Secondery (0-12)	College (1-4 or 5+)					4.77.00.77.0	D = 1 D	DD 41 DD 6117D
MP	12		SERVIC	E MANA	GER		AUTOMO	RILE	DEALERSHIP
8	17. FATHER'S NAME (First, Middle, Last)				100000000000000000000000000000000000000		(First, Middle, Melder		
BE	WILLIAM YEATMAN				MI	LDRED	CULLISO	N	
10	19a. INFORMANT'S NAME (Type/Print)						te Number, City or Tox		
F	BERNADETTE G. YE	ATMAN	GENER	AL DEL	IVERY,	BOX	392, RID	GE, M	ARYLAND 20680
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	ovel from State	b. PLACE OF DISPO	SITION (Name of	f cemetery, cre	metory or	20c. L	OCATION —	City or Town, State
	4 Donetion 5 Other (Specify)	Over Holl State	ST. MICH	AELS C	ATHOL1	C		RIDGE	, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0	22. NAN	EAND APPRE	SS OF FACILI	ERAL HOM	r D	Λ
	Phila 1 11	K, X	20/1					•	MD. 20650
	23. PART I. Enter the diseases, or	Dugae							
	shock, or heart fallure.	List only one cause on	each line.	not enter the	mode or dy	ning, auch a	is cardiac or reas	metory sir	Interval Between
	iMMEDIATE CAUSE (Finel disease or condition	Cois	4	10	0		1		Onset and Death
	reaulting in death)	· CUYC	non	a		_	LUN	9	
		OUE TO (OR AS	A CONSEQUENCE O	F): 1-1	-1	0 1		/	
N	Sequentielly list conditions,	a Wilh	A CONSEQUENCE O	195	190	Sil	1		
CERTIFICATION	If sny, lesding to immediate cause. Enter UNDERLYING	c. DUE TO (OR AS	A CONSEQUENCE O	1/001	4. 1	- 7	1 - 7		
3	CAUSE (Disease or Injury	c. Chyon	1 CONSEQUENCE O	1	101	ch	ve c	-u	N
Ē	that initiated events resulting in death) LAST	10:00	A CONSECUENCE O	r):					/ i
H		a My C	2120						
	PART ii. Other algnificant condition	na contributing to death	but not reaulting	In the under	lying cause	given in Pa	rt i. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	Anna	,					PERFC	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	- THE M	19,					_ 1 □ YES	2 KNO	OF DEATH?
Σ							-		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1							
S	EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF I	DEATH (Check	only one)		
YS	1 YES 2 NO	1 (Inpatient 2 ER/Out					Other (Specify)		
표	27. MANNER OF OEATH	(Month, Day, Year)		JURY	INJURY AT WORK?		ad. DEŞCRIBE HÖW	INJURY OC	CUREO
B	1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO								
ED	3 Suicide 6 Could not be determined	26e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, ec/fy)	atreet, factory,	office	20	8f. LOCATION (Street City or Town, State		r or Rural Route Number,
	4 Homicide determined								
P	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of my kno	wledge, death occur	red at the time,	date end plec	e, and due to	the cause(a) and m	enner ea sta	ted.
COMPLET	and.	R: On the beels of emploati	on end/or investigati	on, in my opini	on, death occu	ared at the tim	ne, date end place, e	ind due to ti	he cause(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	0-1			29c. LIC	CENSE NUMBE	FR	29d. DAT	E SIGNED (Month, Day, Year)
BE		ua C			100			N .	
2	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CATTON OF T	FATH (ITEM 27) (F-	Print)		23634			1/9/90
	S. Wall and About of Pendon Wi	A The Late of	M To The	~ · · · · · · · · · · · · · · · · · · ·	3/0	7 206	SEO Shar	ti Bi	iilding
	31. DATE FILED (Month, Day, Year)	A. Patil, I	MATURE LIGO	Marru r	MII 6 14	u. 200	DU BILAL	ועב ביי	VT T NTITE
!	SI. DATE FILED (MORIN, DB), 1987)	JZ. REGISTRAN'S SIG	Anna Mandal	Que.					
	1 7 50	1 - william foliable	man of the						DHMH 18 Bay 1/00

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			ATE OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last	LYN YOU	Evelyn I	rene Youel.	2. DATE O	F DEATH DAY 9	YEAR 3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 238-26-4598 94. FACILITY NAME (II not institution, give	1 🗆 M 2 🕏 F	66 YRS. MO	UNDER 1 YEAR IF UNDER 24 HE NTHS DAYS HOURS MIN	Month,	31-24	8. BIRTHPLACE (State or Foreign Country) North Car NTY OF DEATN		
Ame Arundel Medi			Annapolis	P DEATN		e Arundel		
10a. STATE 10b. COUN			OWN OR LOCATION			10d. INSIDE CITY LIMITS?		
MD QUE	en Anne's	Ste	vensville		10g. CITI	1 YES 2 NO		
613 Victoria Dr.			21666		,	USA		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF NII If yes, specify Cuban, Me 1 YES 2 NO S	xican, Puerto Ri	(Specify Yea or No-	14. RACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S EC (Specify only highest gra- Elamentary/Secondary (0-12)		Ille. Do NOT use re	done during most of working		KIND OF BUSINESS/INC			
17. FATHER'S NAME (First, Middle, Last)		cieix ac		100	iddle, Maiden Sumame)	Herre		
Mack M. Teague					Sherrill			
19a. INFORMANT'S NAME (Type/Print)	12		DRESS (Street and Number or R					
Francis A. Youe 20e. METNOD OF DISPOSITION 1 Surial 2 Cremetton 3 Re 4 Donation 5 Other (Specify)	20	other place)	ictoria Dr. S					
21. SIGNATURE OF UNERAL SERVICE	Hellenherr	WOO	dlawn Memoria 22. NAME AND ADDRESS O TOM Helfent 106 Shamroo	ein Fu	neral HOme	es. PA		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF): A CONSEQUENCE OF):	ti Syn	emie				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS								
Se ps. s Phamoni		Transy			PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)								
1 YES 2 NO	HOSPITAL:	tpatient 3 DOA 4	THER: Nursing Home 5 Reside					
27. MANNEY OF DEATN 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		OF 28c, INJURY AT WORK? M 1 YES 2 NO		CRIBE HOW INJURY OC	CCURED		
2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Nown, State) 28f. LOCATION (Street and Number or Rural Rou City or Nown, State)						er or Rural Route Number,		
CONSCR ONLY			at the time, data and place, and			sted. the cause(a) and menner as stated.		
296. SIGNATURE AND TITLE OF CERTIF	lle mi		29c. LICENSE	NUMBER	29d. DA'	TE SIGNED (Month, Day, Voar) 2/28/90		
- 4	CHO COMPLETED CAUSE OF D	16 M	urnas Ave	An	nepolis	10021401		
31. DATE FILED (Month, Day, Year)	32. REGISTRAP'S SIG	enature Randa	20					

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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BALTIMORE, MARYLAND 21203-3146

0+12-0	ending physician.	as the burial-transit permit. Pages 1, 2, 3 should	
DALIMORE, MARTLAND 21203-3140	s after death. Page 6 may be retained by the hospital or aft	 by the funeral director, page 5 should be detached for use emoval. 	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		3/33
	1. DECEDENT'S NAME (First, Middle, Last) ENNIS CADALLA 2. DATE MONTH 1.	of DEATH DAY 90 YE	10.30 H M
		th, Day, Year)	IRTHPLACE (State or Foreign ountry) NE ARUNDEL
OR	PARESUILLE NURSING CONULES CTR BALT. CO	Ba COUNTY	TIMORE
DIRECTOR	MARYLAND TOALTIMORE PIKESUILLE		10d. INSIDE CITY LIMITS? 1 YES 2 2 40
FUNERAL (100. STREET AND NUMBER 101. ZIP CODE 7 SUBROCK LANE 21208	10g. CITIZEN	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGINATION ORI	N? (Specify Yea or No- ,14. !	RACE — American Indian, Black, Whita, etc. Specify:
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use ratired.) WORKED AT HUTZLIK	b. KIND OF BUSINESS/INDUST	
COMPLET	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Lest) NO U I L.	Middle, Maiden Surname)	7 (7 4)
TO BE	THE INSCHMANT'S NAME (Typus Frint) The MAILING ADDRESS (Street and Number of High House Hun	ricul Ety or Town, firstly, Eng Con	2/12/
	20s. NEZPIDO OF DIEPOSITION 3 Removal from State 20s. PLACE OF DIEPOSITION Glams of country; crametory or official 2 Country of Cou	20c. LOCATION — CITY	or Town, State
	4 Donation # Donat (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE, 22. NAME AND ADDRESS OF FACULTY	1 1 100	Aul.
	Merkell Gler X. Bre740	2279	Approximate
	23. PART I. Enter the diseases, or complications that caused the death. Do not after the mode of dying, such as calehock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition CEREBRAC THROM BOS IS	rolac of respiratory arrest,	intarval Between Onset and Death
	disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):		
CERTIFICATION	Sequentially list conditions, If any, lasding to immediate cause. Enter UNDERLYING	in.	
RTIFIC	CAUSE (Disease or injury that Initiated events resulting in death) LAST		
MEDICAL	PART II. Other eignificant conditions contributing to deeth but got resulting in the underlying ceuse given in Part I. — CHROMIC KENAC FALURE — SACRAC UCCER	24a, WAS AN AUTOPSY PERFORMED? 1 VES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? BY AN INCIDENT STATE OF DEATH (Check only only only only only only only only	one)	
PHYSICIAN:	(Month, Day, Year) INJURY WORK?	her (Specify) ESCRIBE HOW INJURY OCCUR	ED
TED BY.	2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 26f. LC	OCATION (Street and Number or I by or Town, State)	Rural Route Number,
COMPLETED	29a. CERTIFIER CHARGE ONLY CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cone) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data		ause(a) and manner as stated.
O BE CC	296 AGNATURE AND TITLE OF CERTIFIER Jasuseur Vallham ny Dress	29d. DATE SI	GNED (Month, Day, Year)
1 2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 270/Type, Print)	2	1

JAN 24 felinalmeidman.

TASNEEM

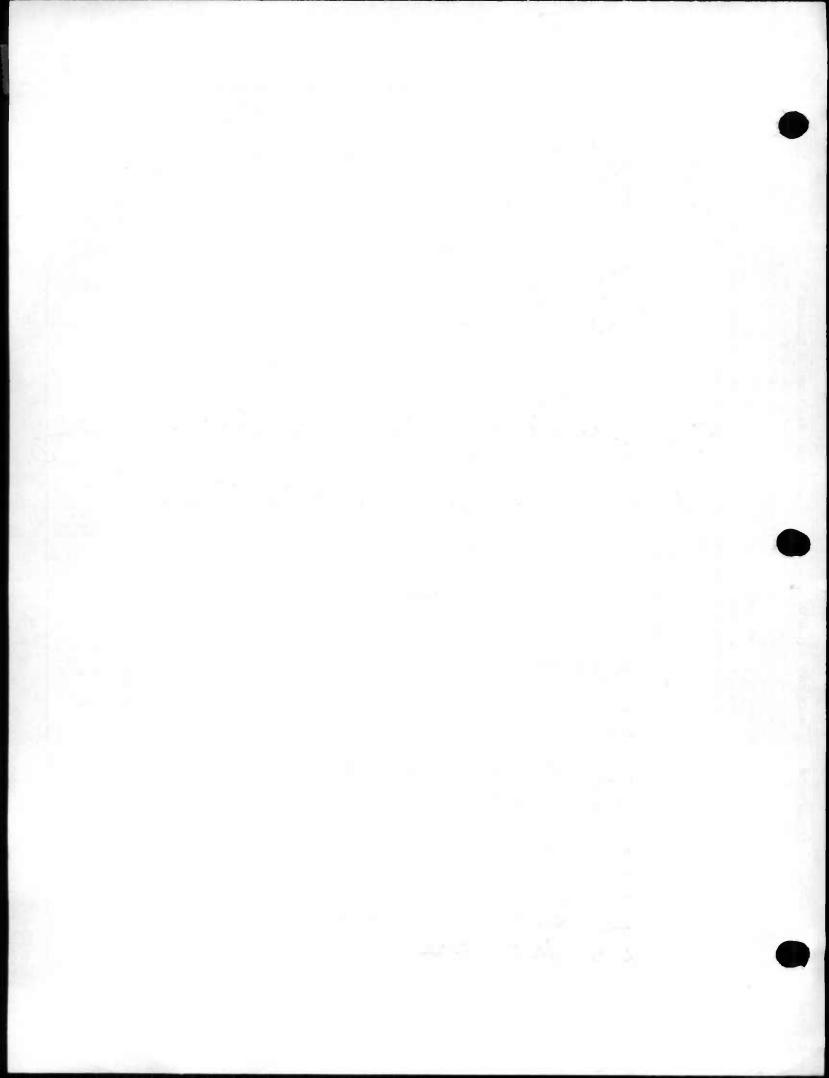
31. DATE FILED (Month, Day, Year)

1991

Jasuseu Dalehani my 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)(700, Print) TASNEEM AKHANI, 7220 PARK

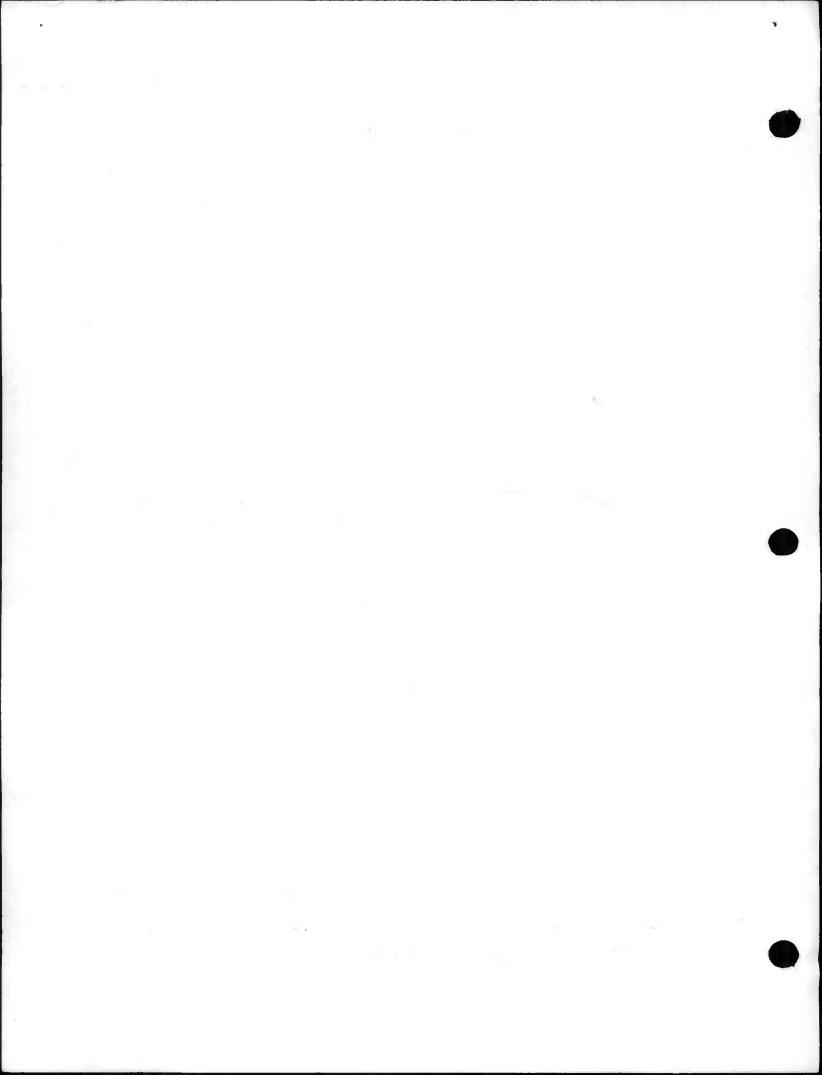
32. REGISTRAR'S SIGNATURE
Lika Davidson-Randell

DHMH-18 Rev 1/89



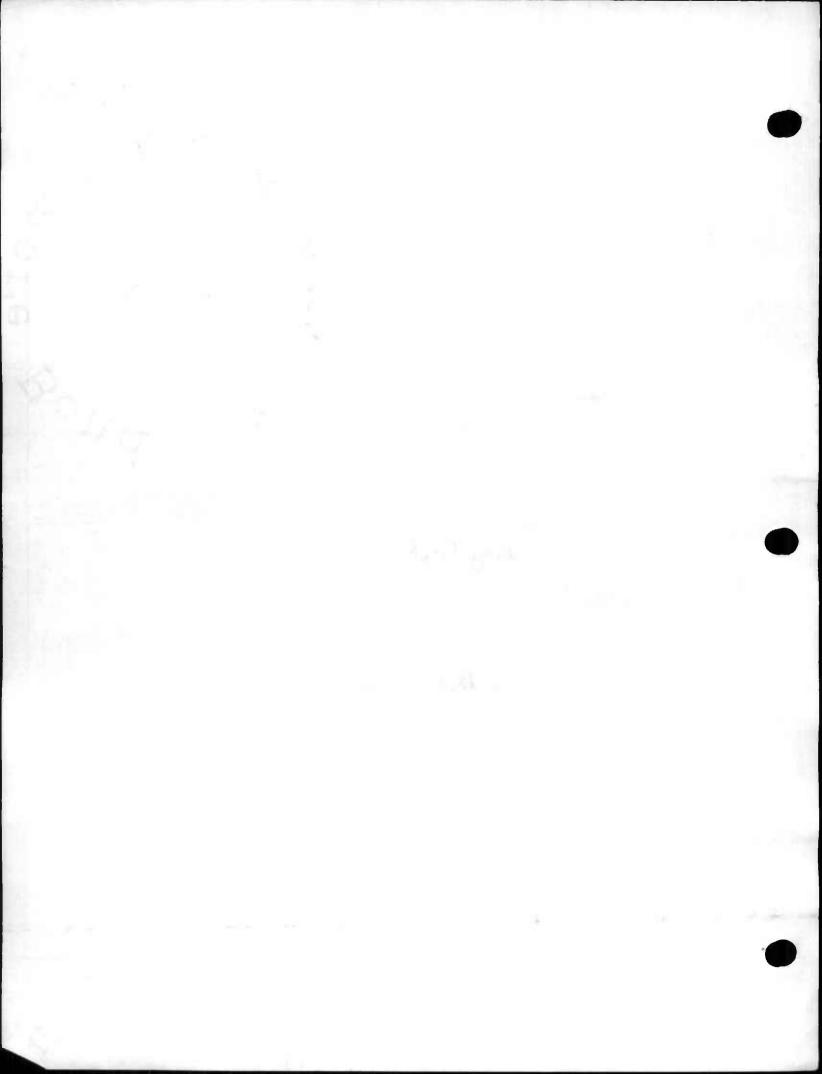
\neg \Box	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	Jackson, Thom	as K.	REG. NO. 2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
P)	4. SOCIAL SECURITY NUMBER 2/8-07-677 9e. FACILITY NAME (If not institution, gives)	5. SEX 6. AGE (in yrs. lest birth		7. DATE OF BIRTH (Month, Day, Year) 5 27 1967	8. BIRTHPLACE (State or Foreign Country) ITY OF DEATH
is funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. STREET AND NUMBER 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specily only highest grack Elementary/Secondary (8-12) 17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print) 20a. METHOD OF DISP SITION 1 Burlel 2 Commation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVE	12. MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 10 IF YES, GIVE WAR OR DATES 16a. DECEDE (Give kij life. Day h) College (1-4 or 5 +) 19b. MA 19b. MA 19b. MA 19b. MA 19b. MA 19b. MA	If yes, specify Cuban, Mexic 1 YES 2 NO Specif NT'S USUAL OCCUPATION of of work done during most of working Of upor clined.)	NIC ORIGIN? (Specify Yea or No an, Puerto Rican, atc.) 150. KIND OF BUSINESS/IND AME (First, Machin, Machin, Sumanne) Poule Number City or News, Style Co.	Code) 1643
ding physician and completely filed in by the hygiene prior to burial, cremation, or remove or other traumatic event, the medical RTIFICATION		a. List only one cause on each line. a. List only one cause on each line. b. Due to lor as a consequent of the consequ	CE OF):	ch as cardiac or respiratory arr	Approximata interval Betwee Onset and Dea
certificate has been signed by the the State Dept. of Health and Me or Item 23 shows any Injury IVSICIAN: MEDICAL	PART II. Other significant condition CLASS TOWN 28. WAS CASE REFERÊNCE TO MEDICAL EXAMINER? 1 YES 2-5 MO 27. MANNER OF DÉATH	PISSECTON HOSPITAL:	eute pericardet Myocardiet In Suspect Diag	PERFORMED? 1 VES 2 NO farction ection heck only one)	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DIRECTOR: After the hours after death vitem 28 is mark	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At home, building, etc. (Specify)	M 1 YES 2 NO	28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
TO THE FUNERAL be filed within 72 in IMPORTANT: If I	29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of examination and/or invested HO COMPLETED CAUSE OF DEATH NIXEM 27 32. REGISTRAR'S SIGNATURE JUNE DAVIDON	Type Prints B1126		e cause(a) and menner as stated. E SIGNED (Month, Day, Year) 1 2 1 2 5 9 9

DHMH-16 Rev 1/89



Pages 1. 2, 3 should	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, nours after death. The transmitter of the defended for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Degr. of Health and Merital Hygiene prior to burial, cremation, or removal.	The manager of the control of the section of the manager of the ma

	1 - FOR STATE OF MARYL REGISTRAR	CERTIF	RTMENT OF	HEALTH AND DEATH	REG. NO		37541		
	1. DECEDENT'S NAME (First, Middle, Lest) Miriam E. Jo	hnson	V		2. DATE OF DEATH	7- 90	AR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		IRTNPLACE (State or Foliage		
	578-32-0689 1 M 2 F 8	YRS.	MONTHS DAYS	HOURS MIN.	Dec. 31		Washington.DC		
OR	Suburban Hospital		Bethe				gomery		
등	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c. Cl	TY. TOWN OR LOC	ATION			10d. INSIDE CITY		
DIRECTOR			hington	D.C.			LIMITS?		
FUNERAL	10e. STREET AND NUMBER			ioi. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
E I	3636 - 16th Street, N.W.			20010		U.S	.A.		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.		
ВУ Б	1 Never Merried 2 Married IF YES, GIVE WAR OR I			ES 2 NO Speci			Specify: White		
요	15. DECEDENT'S EDUCATION	16a. DECEDENT	S USUAL OCCUPA	TION	16b. KINO OF BL	JSINESS/INDUST	RY		
COMPLETED	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)	Archi	work done during use retired.)	nost or working	II. C	C			
M	17, FATHER'S NAME (First, Middle, Last)	Arciu	LVIST	14 MOTNER'S N	AME (First, Middle, Malder	Governm	enr		
ш	Enock Johnson				Zeh				
B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Street	t and Number or Rural	Route Number, City or To	wn, State, Zip Cod	fe)		
유	Elizabeth Kern	3636	-16th S	t., NW, Was	shington, 1	D.C. 2	0010		
	20a, METHOD OF DISPOSITION 20	b. PLACE OF OISPO	OSITION (Name of	cemetery, cremetory or	20c. L	OCATION — City	or Town, State		
	1 Durial 2 Commation 3 Removal from State 4 Donation 5 Other (Specify)		ort Cre	matory	A1	exandri.	a VA		
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME	AND ADDRESS OF F	ACILITY				
	Joseph Gawler's Sons, Inc. 5130 Wisconsin Aye, NW, Washington, D.C. 20016								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE Pleases or injury.	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	Coti	ral st	i a		interval Between Onset and Death		
MEDICAL	PART II. Other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. CONCLUSION TO THE PRIOR TO COMPLETION OF CALL OF CATHY? 1 YES 2 NO								
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)								
SC	EXAMINER? 1 YES 2 NO 1 Impetient 2 EP/O	stpatient 3 🗆 DOA	OTHER:	Iome 5 Residence	e 8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending 28s. DATE OF INJURY (Month, Day, Year)		TIME OF 28c.	INJURY AT WORK?	28d. OEŞCRIBE NOV	V INJURY OCCUR	RED		
D BY	2 Accident Investigation 3 Suicide a Could not be building, etc. (S)	RY — At home, term	M 1 YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
ETE.	4 Homicide determined								
COMPLETED	Check only one) 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kind one) 2 MEDICAL EXAMINER: On the basis of examinating						cause(e) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER BUCY	A.Rell	049	29c. LICENSE N	1957	29d. DATE S	1GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED PAUSE OF	DEATH (ITEM 27) (F)	pa, Prind il (V	ed Roc	RuillE	md:	20850		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG								
	JAN 22 '91 Sunal	Tavidron Re	nde 90						



UNKN. #90-241 ITEMS:23 thru 28f per ME G-672 2/15/91 cm

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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100. STATE MD 100. COUNTY NA		Creek		Bal	timore Ci	Lty		na	
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Give kind of work done during most of working life. Do NOT use network Give kind of work done during most of working life. Do NOT use network	Never Married 2 Married	FORCES? 1 YES	S 2 NO	If yes, s	specify Cuban, Mexico	an, Puarto Rican,		Blac	ck, White, etc.
18. MOTHER'S NAME (First, Micdia, Last) 18. MOTHER'S NAME (First, Micdia, Malden Surname)		e completed)	(Give kind of w	work done during n		16b. KINE) OF BUSINESS	INDUSTRY	
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Da. METHOD OF DISPOSITION Burlat 2 Cremation 3 Removal from State Donation 5 Other (Specify) in state Donation 6 Other (Specify) in state Donation 6 Other (Specify) in state Donation 5 Other (Specify) in state Donation 6 Other (Specify) in state	Iffari & Home I and					distant in	, bester as a	10,	
Da. METHOD OF DISPOSITION Burial 2 Cremetion 3 Removal from State Donation 5 Other (Specify 1.n state) Donation 6 Other (Specify 1.n state) Donation 7 Other (Specify 1.n state) Donation 8 Other (Specify 1.n state) Donation 9 Other (Specify 1.n	NFORMANT'S NAME (Type/Print)	ocme	19b. MAILING	ADDRESS (Street	t and Number or Rural	l Route Number, Ci	ity or Town, State	e, Zip Code)	
Burst 2 Cremetton 3 Removal from State Donation 5 Other (Specify) in state									
Donestion 5 Other (Specify) in State BERNATURE OF FUNERAL SERVICE LICENSEE ROnald Wade, Dir State Anatomy Board 655 W.Baltimorest, Balto., MD 2120 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval abook, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Finel lisease or condition sauthing in death) B. DOWNING COMPLICATING SFIZURE DISORDER DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): ALCOHOLISM DUE TO (OR AS A CONSEQUENCE OF): ALCOHOLISM DUE TO (OR AS A CONSEQUENCE OF): ALCOHOLISM 248. WAS AN AUTOPSY PERFORMED? 1 XI YES 2 NO 249. WERE AUTOPSY ANALABLE PRO COMPLICATION (The Condition of PEARTH) (Check only one)			Ob. PLACE OF DISPOS	SITION (Name of c	cemetery, cremetory or		20c. LOCATION	N — City or T	iown, State
Approximate of Funeral service Licensee Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy 655 W.Baltimorest, Balto., MD 2120 Approximate and Address of Facility Approximate Anatomy Anatom			Otrior practy						
Approximate the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart fellure. List only one cause on each line. MMEDIATE CAUSE (Finel Isease or condition is a DROWNING COMPLICATING SEIZURE DISORDER DUE TO (OR AS A CONSEQUENCE OF): ALCOHOLISM DUE TO (OR AS A CONSEQUENCE OF): ALCOHOLISM 24b. WERE AUTOPSY PERFORMED? 1X YES 2 NO ALCOHOLISM DUE TO (OR AS A CONSEQUENCE OF): ALCOHOLISM 24c. WAS AN AUTOPSY PERFORMED? 1X YES 2 NO COMPLETION OF DEATH? 1 YES 34	MATURE OF PURETAL SERVICE -	Ronald	Wade, Di	r 22. Permi	AND ADDRESS OF L.	Sta	te Ana	atomy	Board
any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events eautiting in death) LAST Due TO (OR AS A CONSEQUENCE OF): d. Due TO (OR AS A CONSEQUENCE OF): d. PART II. Other alignificent conditions contributing to death but not resulting in the underlying cause given in Part I. ALCOHOLISM 24a. WAS AN AUTOPSY PERFORMED? AMALABLE PRIO COMPLETION OF OF DEATH? 1 YES 34	ase or condition				URE DISO	RDER			
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25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							7 452 S □ ur	°	OF DEATH?
THE SAME THE						_			4
FYAMINER? LUCEDITAL: CTUED.					PLACE OF DEATH (C	Check only one)			
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27 MANNER OF DEATH 288 DATE OF INLRIEV 255 TIME OF 284 INLRIES AT 284 DESCRIBE HOW INLIES OCCURED	WAS CASE REFERRED TO MEDICAL EXAMINER?		Y 2Sb. TIW	IE OF 28c. I	INJURY AT				TLK IV.
1 Netural Pending Investigation Investigatio	NAS CASE REFERRED TO MEDICAL EXAMINER? 1 X) YES 2 \(\text{NO} \)	28a. DATE OF INJUR	57/00			SUBJEC	T RECO	VERED	
28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number of Rural Route	NAS CASE REFERRED TO MEDICAL EXAMINER? IX YES 2 NO IANNER OF DEATH Natural Pending	FOUND: 12	27/90		TES ZAE NO				FROM WATE
4 Homicide determined WATER BALTIMORE, MARYLAND	NAS CASE REFERRED TO MEDICAL EXAMINER? IX YES 2 NO IANNER OF DEATH Natural Pending Investigation Accident Investigation Suicide S Could not be	FOUND: 12/ 28e, PLACE OF INJU- building, etc. (S)	JRY — At home, farm,	street, factory, of		281. LOCATIO	N (Street and Nu		A Poute Number
20e. CERTIFIER (Check only one) 20 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 21 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as	NAS CASE REFERRED TO MEDICAL EXAMINER? IX YES 2 NO IANNER OF DEATH Natural Pending Investigation Accident Investigation Suicide S Could not be	FOUND: 12/ 28e, PLACE OF INJU- building, etc. (S)	JRY — At home, farm,	street, factory, or		281. LOCATIC City of to BALTIM	Wn (Street and All wn, State) 15 ORE, M.		A Poute Number
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SE, HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IVEM 27) (Type, Papt)	NAS CASE REFERRED TO MEDICAL EXAMINER? IX YES 2 NO IANNER OF DEATH Netural Investigation Accident Investigation Suicide S Could not be determined CERTIFIER (Check only	POUND: 12. Nor During No. 12.	JRY — At home, farm, s specify)	red at the time, d	lists and place, and du n, death occured at th	BALTIM tue to the cause(a the time, data and	ORE, M.	ARYLAI se stated. s to the cause DATE BIGHE	Acute Number of Royal Acute Number of Royal Acute o
V V	MAS CASE REFERRED TO MEDICAL EXAMINER? X	SICIAN: To the best of axaminat	JRY — At home, farm, specify) nowledge, death occurrention and/or investigation	red at the time, di	ffice late and place, and du n, death occured at th	BALTIM tue to the cause(a the time, data and	ORE, M.	ARYLAI se stated. s to the cause DATE BIGHE	WARNER S
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31. DATE FARM 2018 8 1991 And Davidson-Randelle	NAS CASE REFERRED TO MEDICAL EXAMINER? IX YES 2 NO IANNER OF DEATH Natural Investigation Accident Suicide Certifier Certifier (Check only 2 MEDICAL EXAMI	SICIAN: To the best of my kin NER: On the basis of examinate Tr., M.D.	JRY — At home, farm, specify) nowledge, death occurrention and/or investigation and/or inves	red at the time, do	lets and place, and do n, death occurred at th 250. LICENSE NI OCME	BALTIM tue to the cause(a the time, data and	ORE, Management of the second dual second	ARYLAI as stated. a to the cause COATE SIGHE	Poute Number of Royal Pout Num

detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

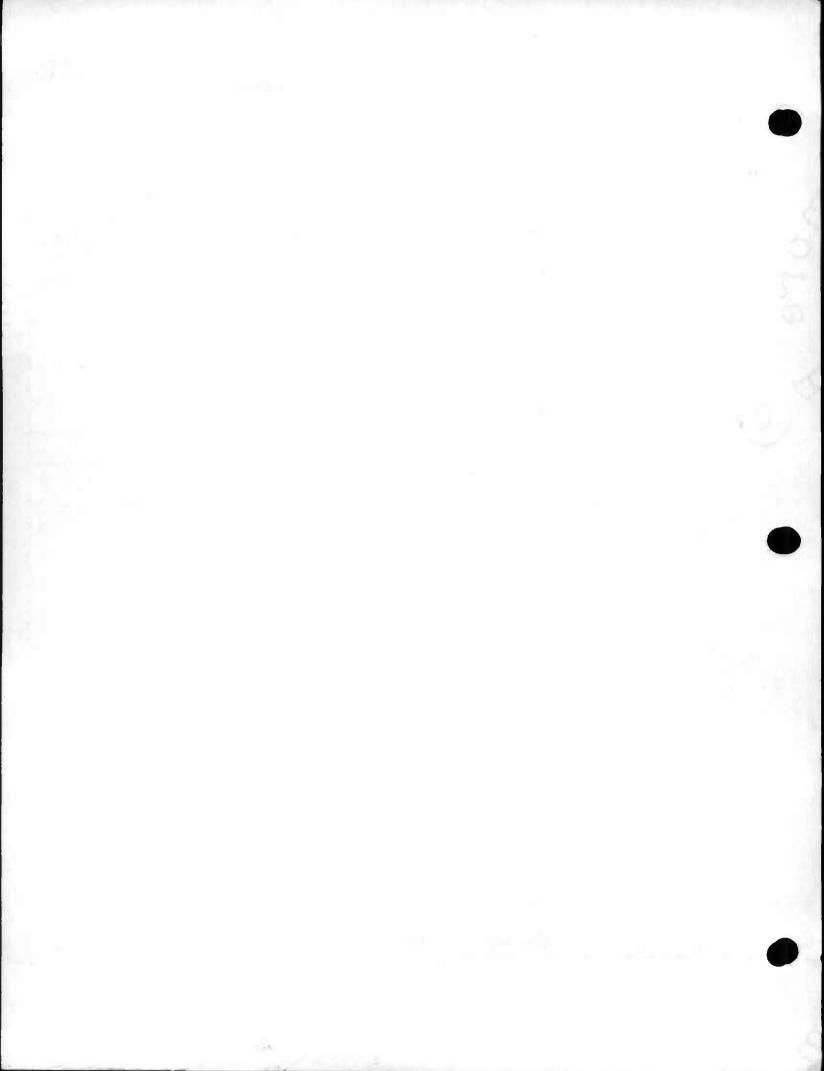
at once.

the hospital or attending physician. AND 21203-3146 BALTIMORE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-x viours after death. Page 6 m TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



ITEMS:23 thru 28f per ME

G-672 2/12/91 cm

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90-37543

REGISTRAR							
I. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
Ber	verly	Jane	Po	pe	12-31-9		4:15PM
I. SOCIAL SECURITY NUMBER	-	AGE (In yrs. last birthday)	IF UNDER 1 YEAR		7. OATE OF BIRTH	0, B#	RTHPLACE (State or Foreign
219 54 3809	1 🗆 M 2 🖵 F	4.0 YRS.	MONTHS DAYS	HOURS MIN.	(Month Day, Year)		Maryland
e. FACILITY NAME (If not institution, give	street and number)	40	9b. CITY, TOWN	OR LOCATION OF E	11-22-19 EATH	9c. COUNTY OF	
15 Hicks Street			Ann	apolis		Anne A	Arundel Co.
RESIDENCE OF DECEDENT	TY	10c. CIT	Y, TOWN OR LOC	ATION			10d, INSIDE CITY
MD Ar	n o l wiin d o						LIMITS?
IOO. STREET AND NUMBER	neArunde.	I CO A	nnapol	L J. S		10a CITIZEN O	F WHAT COUNTRY?
15 Hicks St	reet			21401		US	
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMEO	13. WAS O	ECENDENT OF HISPA	NIC ORIGIN? (Specify Ye		ACE — American Indian, lack, White, etc.
Never Married 2 Married Midowed 4 Divorced	FORCES? 1 [specify Cuban, Mexic ES 2 NO Spec	an, Puerto Rican, etc.) ly:		pecify: White
15. DECEDENT'S EO	UCATION	18a. DECEDENT'S			16b, KIND OF BL	JSINESS/INDUSTR	Y
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	work done during i se retired.)	most or worlding			
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S N	AME (First, Middle, Malder	n Surname)	
RICHARD ALL	EN POPE			PEAR	L L. DA	VIS	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rura	Route Number, City or To	wn, State, Zip Code,)
Pearl Davis	-Mother	227	Garder	GateLn,	Annapoli	s,MD 2	1403
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)		20b. PLACE OF DISPO- other place)	- Conduction	cemetery, crematory or	20c. Li	OCATION — City o	r Town, Stata
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE DOON T	D MADE DI	22. NAME	AND ADDRESS OF F	ACILITY C. T. T. T.		
					STATE	A NI A III ()	MY BOARD
Jugarde 1	AITINO	1 1 1/2	CEE	F-7 - 7 - 7 - 7			
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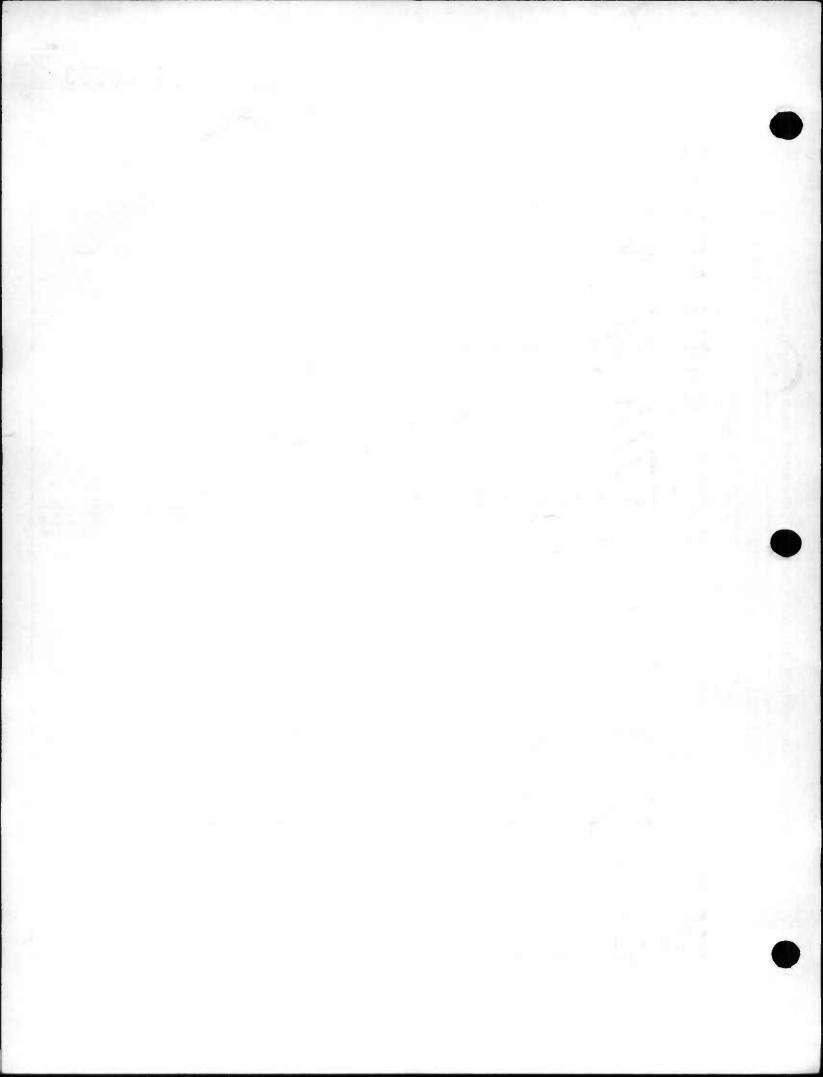
BALTIMORE, MARY DIVISION OF VITAL RECORDS, P.O. BOX 13146,

03-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 3- rouns after death. Page 6 may be retained to the most enforce the physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. or Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72 I	IMPORTANT: If I	

90-37544

	FOR STATE OF MARYLAND / D 1 - STATE REGISTRAR CEF	DEPARTMENT OF HI		ENTAL HYGIENE REG. NO.	90	-37544		
	1. DECEDENT'S NAME (First, Middle, Last) COLE, Ruth W.			2. DATE OF DEATH DAY	3 - 96			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lost b	VRS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-15-9		RTNPLACE (State or Foreign untry) Michigan		
OR	9a. FACILITY NAME (If not institution, give street and number) Keswick		MORE	-0-1	9c. COUNTY OF	Himore City		
DIRECTOR	ma. Baltimore City	10c. CITY, TOWN OR LOCATI	ON	ritu		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL D	100. STREET AND NUMBER 700 W. 40th 5+	10f.	ZIP CODE	7		OF WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMIN FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES	13. WAS DECE	NDENT OF NISPANI city Cuben, Mexican 2 NO Specify:	C ORIGIN? (Specify Year), Puerto Rican, etc.)	or No — 14. R	HACE — American Indian, Black, Whita, atc.		
COMPLETED	(Specify only highest grade completed) (Give Elamentary/Secondary (0-12) College (1-4 or 5+)	EDENT'S USUAL OCCUPATIOn which of work done during most not use retired.)	N t of working	U.S.Govt		M Administration		
	12 K 17. FATHER'S NAME (First, Middle, Leet) Charles A. Cole	etired		AE (First, Middle, Maiden S		ale		
TO BE	19a, INFORMANT'S NAME (Type/Print) 19b.	MAILINO AODRESS (Street as	nd Number or Rural R	oute Number, City or Town,	State, Zip Code			
	200 METHOD OF DISPOSITION 200 PLACE O	.07 Northpoir of DISPOSITION (Name of com ce) Woodland	etony crometory or	20c. LOC	ATION — City o	21224 or Town, State Michigan		
	21. SIGNATURE OF FUNDAL SERVICE LICENSEE	Mitc	nell-Wi	edefeld l d. Baltin	Home,	Inc.		
	23. PART i. Enter the diseases, or complications that caused the dea ahock, or heart fellure. List only one cause on each line.		de of dying, suci	n as cardiac or reapir	atory arreat,	Approximata interval Between Onset end Death		
	immediate cause (Fine) disease or condition resulting in death) e. Gasto intest oue to (or as a consequence)	LIME LOS	morrha	r		24 /15		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not reduce the conditions of the conditions of the conditions contributing to death but not reduce the conditions of the conditi		g cause given in	Part i. 24a. WAS AN. PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN:	25. WAS CASE REFERRED TO MEDICAL	28. P	ACE OF OEATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	□ DOA 4 Nursing Hon	e 5 🗆 Raeldance	6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year)	INJURY WO	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURE	!D		
TED BY	Z Poctoria	2 Accident Investigation 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, arc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, building, arc. (Specify)						
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or in					use(a) and manner as stated.		
B	29b. SIGNATURE AND THE OF PERTIFIER W.D.		29c, LICENSE NU	MBER 88	29d. OATE SIG	GNED (Morth, Day, Year)		
2		M 27) (Typo, Print) 5565 N. Cl	aller St	. Balto.	Md.	21204		
	31. DATE FILED (Month, Doy, Year) 32. REGISTRAR'S SIGNATURE							

ID 21203-31	hospital or attending	ached for use as the
MARYLAN	retained by the	5 should be det
BALTIMORE, MARYLAND 21203-31	eath certificate be executed within urs after death. Page 6 may be retained by the hospital or attending	attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mied in by the funeral director, page 5 should be detabling within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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DATE FILED (Month, Dey, Year)

JAN 28 9

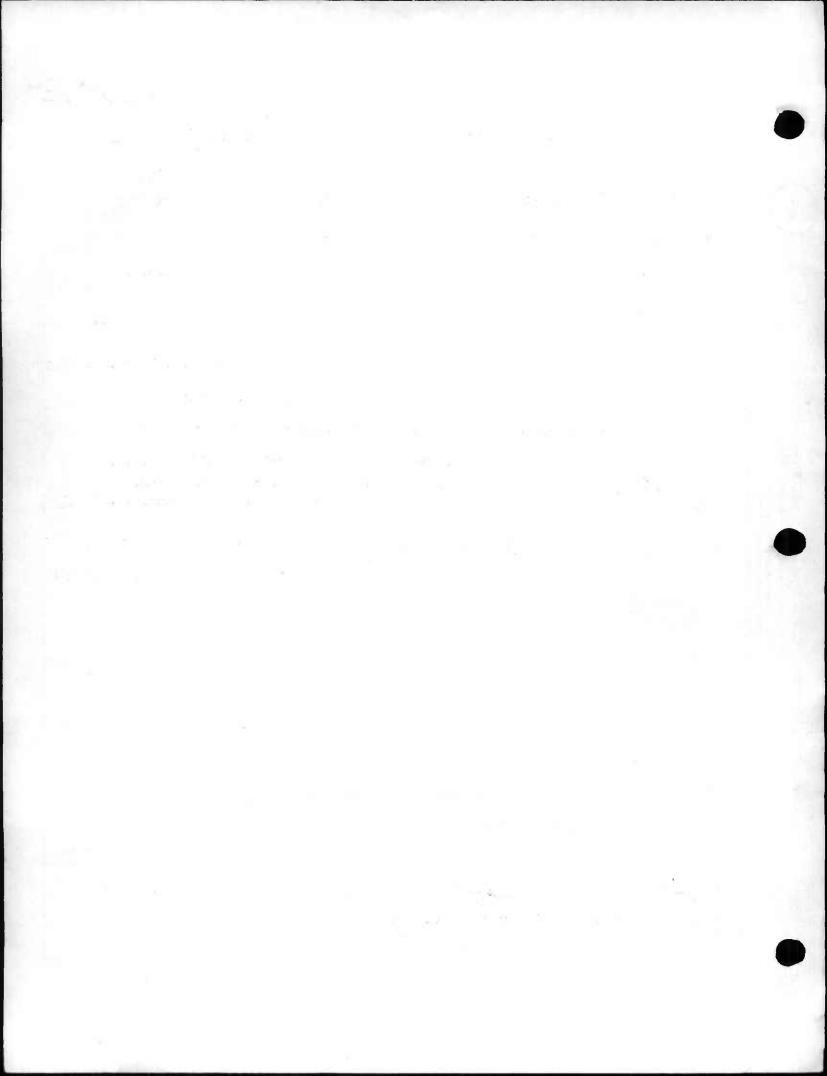
Merendino

4701

REGISTRAR	C	ERTIFICA	NT OF HEALTH AND TE OF DEATH	MENIAL HYGIEN REG. NO	E 40	-3/07
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YI	3. TIME OF DEATH
	Leah Spencer			Oct 18	1990	
	6. SEX 6. AGE (In yrs. Is	YRS. IF U	NDER 1 YEAR IF UNDER 24 HRS. HB DAYS NOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr 30		BIRTHPLACE (State or Foreign Country) irginia
9a. FACILITY NAME (If not institution, give street		9b. 0	CITY, TOWN OR LOCATION OF D		9c. COUNTY	
Holy Cross Hos	pital		Silver Spring	3	Mont	gomery
Maryland Mon	tgomery		vn or Location ver Spring			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER	-8	1.7	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
2405 Eugene Stre	eet		20902		II.	S.A.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2		13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Speci	an, Puarto Rican, etc.)	-	. RACE — American Indian, Black, White, stc. Specify:
3 Widowed 4 N Divorced			. L. Le IA III	.,,		Cauc.
15. DECEDENT'S EDUCA' (Specify only highest grade co	TION 16a. D (iii) College (1-4 or 5+)	ECEDENT'S USUA Give kind of work of fe. Do NOT use retin	L OCCUPATION one during most of working ed.)	16b. KIND OF BU	SINESS/INDUS	
12	0 Se	ecretary		Wash.	Cntr.	Metro. Studie
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Malden	Surname)	
Wade H. Clark	ke		Effi	e M. P	rice	5-86
19a. INFORMANT'S NAME (Type/Print)	1	96. MAILING ADDI	RESS (Street end Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ode)
Virginia S. Van		2405 Eu	gene St. Silv	er Spring.	MD 209	02
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove	al from State other	E OF DISPOSITION	(Name of cemetery, crematory or	20c. LC	CATION - City	y or Town, Stata
4 X Donation 6 Other (Specify)	Geo	Washir	gton Med. Sch	1001 Was	hingto	n.D.C.
21. SIGNATURE OF BONERAL SERVICE LICES	NGEE /		22. NAME AND ADDRESS OF F. Columbia Mor	ACILITY THURRY Serv	dces T	nc
> 9 1 March	Dente					n.D.C. 20011
23. PART Enter the diseases, or co	mplications that caused the d	leeth. Do not e				
shock, or heert fellure. Lie	et only one course on each lie			cil de celuido di Ideb	HIGIOLA GLIGSI	t, Approximete
	et only one cease on each in	10.	. 1	cir es cardiec or resp	matory erres	Interval Between
IMMEDIATE CAUSE (Final disease or condition	Ace Los	se. Om	and ha	of the cardiac of teap	inatory erres	Interval Between
	Jardos	pelm Bouence on	new the	el	A 17 18	Onset and Dear
disease or condition	Jardos	oulm	new the	el	A 17 18	Onset and Dea
disease or condition resulting in death)	Jardos	och Coler	new the	Vacalular	A 17 18	Onset and Dear
disesse or condition resulting in death) Sequentially list conditions, it eny, leading to immediate cause. Enter UNDERLYING	Cardos States	och Coler	new the	el	A 17 18	Onset and Dear
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Cardos States	COLUENCE OF):	new the	el	A 17 18	Onset and Dear
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	LE TO (OH AS A CONS	COLUENCE OF):	new the	el	A 17 18	Onset and Dea
disease or condition resulting in death) Sequentielly list conditions, it eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUIENCE OF):	du Carlo	Vaccular	Lis	Interval Between Onset and Dear
disease or condition resulting in death) Sequentially list conditions, it eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONS	EQUIENCE OF):	de Carlo	Vasolidas	Lis	Interval Betwee Onset and Dea
disease or condition resulting in death) Sequentielly list conditions, it eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUIENCE OF):	du Carlo	Vasolidas	A AUTOPSY RMED?	Interval Between Onset and Deal Company
disease or condition resulting in death) Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUIENCE OF):	du Carlo	Naciolar In Part I. 24a. WAS APPERFO	A AUTOPSY RMED?	24b. WERE AUTOPSY FINOING AMAILABLE PRIOR TO COMPLETION OF CAUSE
disease or condition resulting in death) Sequentielly list conditions, it eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUIENCE OF):	du Carlo	Naciolar In Part I. 24a. WAS APPERFO	A AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
disease or condition resulting in death) Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A CONSI	EQUIENCE OF: EQUIENCE OF): resulting in the	a underlying cause given in	Part I. 24a. WAS AT PERFO	A AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, it eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONS	EQUIENCE OF):	du Caslo	n Part I. 24a. WAS APPERFO	A AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, it eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONSIDER TO (O	EQUIENCE OF): resulting in the	26. PLACE OF DEATH (C	n Part I. 24a. WAS APPERFO	N AUTOPSY RMED? 2XXNO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, it eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CONSI Contributing to deeth but not HOSPITAL:	EQUIENCE OF): resulting in the	26. PLACE OF DEATH (C	n Part I. 24a. WAS APPERFO 1 YES :	N AUTOPSY RMED? 2XXNO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
disease or condition resulting in death) Sequentially list conditions, it eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CONSIDER TO (O	EQUENCE OF): resulting in the	26. PLACE OF DEATH (C) HER: Nursing Home 6 Residence 26. INJURY AT WORK? 1 YES 2 NO	n Part I. 24a. WAS APPERFO 1 YES :	N AUTOPSY RMED? 2XXNO INJURY OCCUP and Number or	24b. WERE AUTOPSY FINOING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be delermined	DUE TO (OR AS A CONSIDER TO (O	EQUENCE OF: resulting in the 3 DOA 4 DOA 4 DOA A DOA A DOA A DOA A DOA A DOA BOOMEN THE OF INJURY	26. PLACE OF DEATH (COMPANY AT WORK? M 1 YES 2 NO factory, office	n Part I. 24a. WAS APPERFO 1 YES Scheck only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Town, Stete	N AUTOPSY RMED? 2XXNO INJURY OCCUP and Number or	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, it eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 296. CERTIFIER (Check only 1 CERTIFYING PHYSICI	CONTRIBUTION OF AS A CONSIDER TO (OR AS A CONSIDER	EQUIENCE OF: resulting in the 3 DOA 4 DOA 14 DOA 15 DOA 15 DOA 16 DOA	26. PLACE OF DEATH (C) HER: Nursing Home 6 Realdence 28c. INJURY AT WORK? M 1 YES 2 NO Nectory, office	n Part I. 24a. WAS AP PERFO 1 YES YES YES YES 1 YES	N AUTOPSY RMED? 2XXNO INJURY OCCUS and Number or	24b. WERE AUTOPSY FINOING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be delermined 29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (OR AS A CONSIDER TO (O	EQUIENCE OF: resulting in the 3 DOA 4 DOA 14 DOA 15 DOA 15 DOA 15 DOA 16 DOA	26. PLACE OF DEATH (C) HER: Nursing Home 6 Realdence 28c. INJURY AT WORK? M 1 YES 2 NO Nectory, office	n Part I. 24a. WAS AP PERFO 1 YES YES YES YES 1 YES	N AUTOPSY RMED? 2XXNO INJURY OCCUS and Number or	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, it eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 296. CERTIFIER (Check only 1 CERTIFYING PHYSICI	CONTRIBUTION OF AS A CONSIDER TO (OR AS A CONSIDER	EQUIENCE OF: resulting in the 3 DOA 4 DOA 14 DOA 15 DOA 15 DOA 15 DOA 16 DOA	26. PLACE OF DEATH (C) HER: Nursing Home 6 Realdence 28c. INJURY AT WORK? M 1 YES 2 NO Nectory, office	Part I. 24a. WAS APPERPO 1 YES Check only one) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Steet City or Town	AUTOPSY RMED? 2XXNO INJURY OCCUP and Number or) onner as stated, and due to the o	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

701 Bandolph Rd. Rockville, MD 20852

DHMH-16 Rev 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.	
1. OECEDENT'S NAME (First, Middle, Last)	Shell	BABY B	OY SHELL	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-29-90	8. BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give st Harbor Hox	p Center	91	Balt n	PC.	Balt. City
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CITY, T	OWN OR LOCATION		10d. INSIDE CITY
MD	na	609	Bridgeview, Ba	ltimore,	LIMITS?
100. STREET AND NUMBER 609 Bridgevie	ew Rd. Apt 1	· ·	10f. ZIP CODE 21225	10g	USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO ATES	13. WAS DECENDENT OF HISPAI Il yes, specity Cuban, Maxica 1 YES 2 NO Specifi	n, Puerto Rican, atc.)	Black, White, atc. Specify:
15. DECEDENT'S EDUC	CATION	NO	NO NO	18b. KIND OF BUSINES	Black
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)		done during most of working	TOU. AIND OF BUSINES	o.iitooo iiii
17. FATHER'S NAME (First, Middle, Last)			The state of the s	ME (First, Middle, Maiden Suma	ame)
JOHN W. SHELL,	JR		Tow	anda Sh	sell (SMITH)
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town, Ste	ite, Zip Code)
Towanda Shell S	Smith Mother	609 Bri	dgeviewRd,Balt	,MD 21225	
20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify) Ir	oval from Stata	o. PLACE OF DISPOSITI other place)	ON (Name of cemetery, crematory or	20c. LOCATIO	ON — City or Town, State
21. SIGNATURE OF PUNERAL SERVICE LIC	Ronald Wa	de 191	22. NAME AND ADDRESS OF FA	STATE AN	ATOMBY BOARD
y andus	More	4	655 W. Baltim	ore St, Balto	,MD 21201
23. PART L Enter the diseases, or	complications that cause List only one cause on e	d the death. Do not	enter the mode of dying, aud	h as cerdiec or respiretor	ry errest, Approximata Interval Batwee
IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. Extended as a surface of the surf	-	rematuri	Ty	Onset and Dest
Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	С	A CONSEQUENCE OF):			
PART II. Other significent condition	s contributing to death i	out not resulting in	the underlying cause given in	Part I. 24s. WAS AN AUTO PERFORMED 1 XYES 2 N	7 AMILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	heck only one)	
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 與 Inpetient 2 □ ER/Out		THER:		
27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJURY AT	28d. DESCRIBE HOW INJUR	TY OCCURED
2 Accident investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, stre	et, factory, offica	261. LOCATION (Street and N City or Town, State)	Number or Rural Route Number,
			at the time, date and place, and du-		as stated.
296. WANTURE AND TITLE OF CERTIFIE		CIN	29c, LICENSE NU		d. DATE SIGNED (Month, Dey, Year)
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Typo, P)	1+(2001 C) Hanna	StRALE M
JAN 1 6 1994	Julia Distriburis sid	NATURE.	11 4 4101	7 (16/(0/1)	12/ 120 10 12

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-31

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

mit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89

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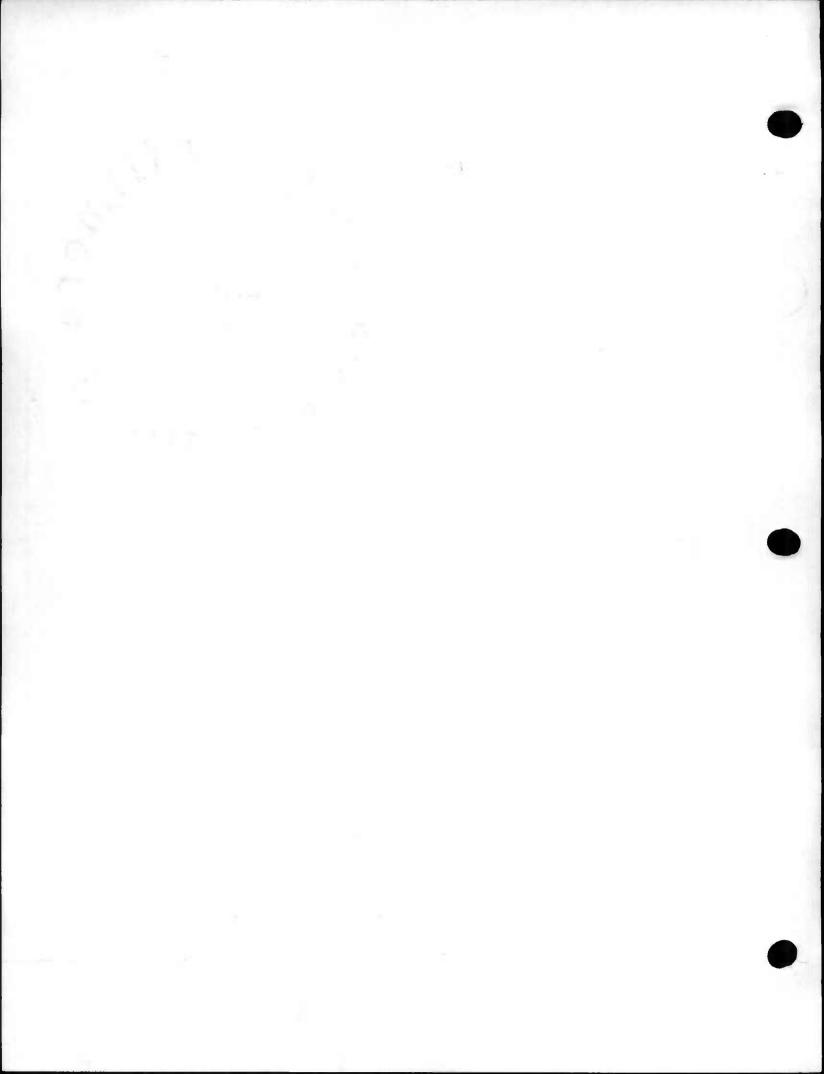
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1314	executed
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RECORDS, P.O. BOX 13146,	law requires that the death certificate be executed within
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ECO	requires
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ON	NDING

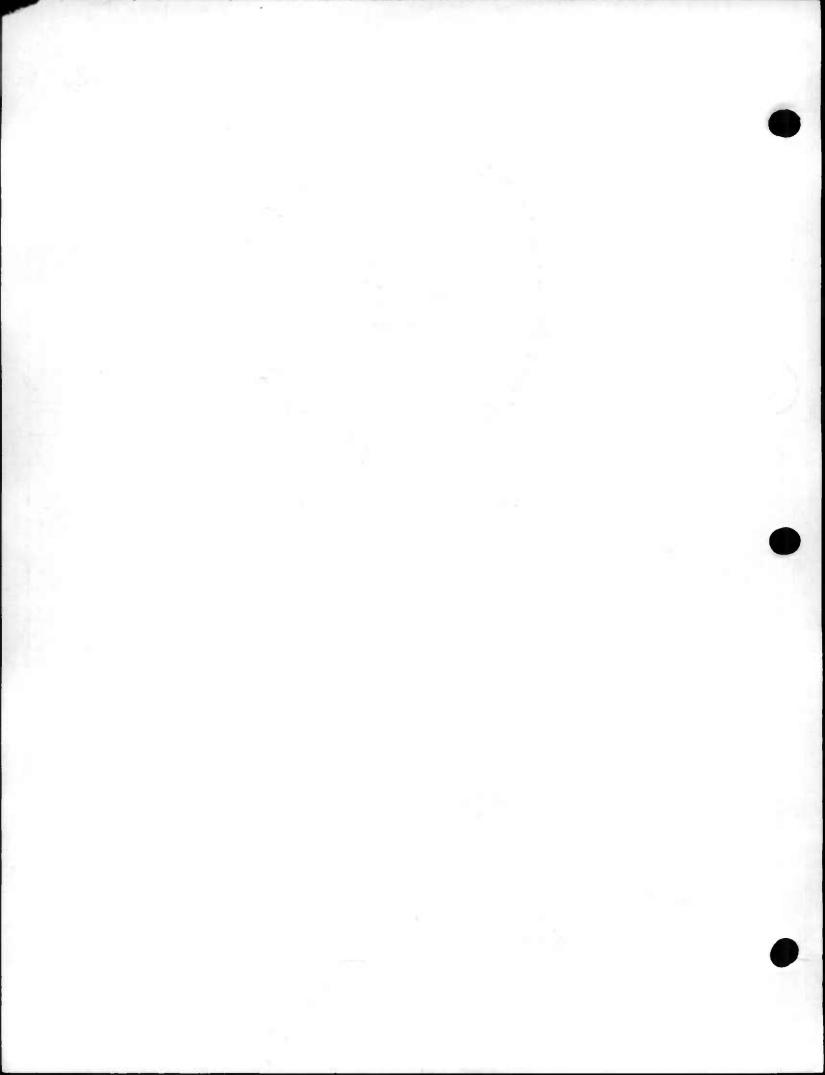
FOR STATE REGISTRAR CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12-16-90 STEVEN WHARTON 9:37PM STEPHEN WHARTON 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🕅 M 2 🗌 F YRS. BRONX. N.Y 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH University Hospital Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2X NO NEW YORK **BRONX** 10g. CITIZEN OF WHAT COUNTRY? 10a, STREET AND NUMBER 10f. ZIP CODE FUNERAL 1344 LYMAN PLACE, BRONX, N.Y. USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No-14. RACE — American Indian, Black, White, alc. If yes, specify Cuban, Mexican, Puarto Rican, alc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY BLACK 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY nse (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) ō page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname, FRED COX F GILDA WHARTON BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 GILDA WHARTON 1344 LYMAN PLACE, BRONX, NEW YORK Pe 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, Stata must Buriel 2 Cremation 3 Removal from State director. FRED. DOUGLAS CEMETERY STATEN ISLAND, N.Y. 4 Donation 5 Other (Specify) 21. SIGNATURE OF AUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY funeral ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND the 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or least failure. List only one cause on sech line. medical **Approximata** filled in by Interval Between 10 Onset and Death IMMEDIATE CAUSE (Final cremation, the disease or condition Gunshot wound of abdomen completely resulting in death) event, OUE TO (OR AS A CONSEQUENCE OF): and com burial, o traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atten any injury, 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AMAILABLE PRIOR TO COMPLETION OF CAUSE WES 2 NO OF DEATH? shows a 1 YES 2 NO t. of h has be Dept. c PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) certificate h h the State I Item HOSPITAL:
1 | Inpatient 2 | Pri/Outpatient 3 | DOA **EXAMINER?** OTHER: 1XXYES 2 □ NO 4 Nursing Home 5 -Residence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Dey, Year) 12-16-90 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED with t Is marked, 8:30PM 5 Pending Investigation 1 Natural Subject shot 1 YES 2XXNO DIRECTOR: After the hours after death villem 28 is mark BY 2 Accident ATTENDING 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED 8 Could not be 205 Amity St., Baltimore, MD Apartment XXXXIomicide DR 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL DIDE filed within 72 ho MIXMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 206. SIGNATURE AND TITLE OF CERTIFIER Wing to. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 12-17-90 OCME 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, MD 21201 V DONALD WRIGHT, MD 31. DATE FILED (Nonto, Day, Year)
JAN 1 6 199 32. REGISTRAR'S SIGNATURE 1991 Davidson Bondalle DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a visure after death. Page 6 may be retained to the process of the second of the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	4/SICIAN: The law requires that the death certificate be executed within ε- ποurs after desist certificate has been signed by the attending physician and completely filled in by the furth the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, at, or Item 23 shows any Injury, or other traumatic event, the medical exact.
IDS, P.O.	at the death certifi by the attending p and Mental Hygien y Injury, or othe
L RECOR	has been signed Dept. of Health:
OF VITA	PHYSICIAN: The this certificate with the State Ked, or Item
DIVISION	TO THE HOSPITAL DR ATTENDING PHYSI TO THE FUNERAL DIRECTOR: After this obe filed within 72 hours after death with IMPORTANT: If Item 28 is marked,

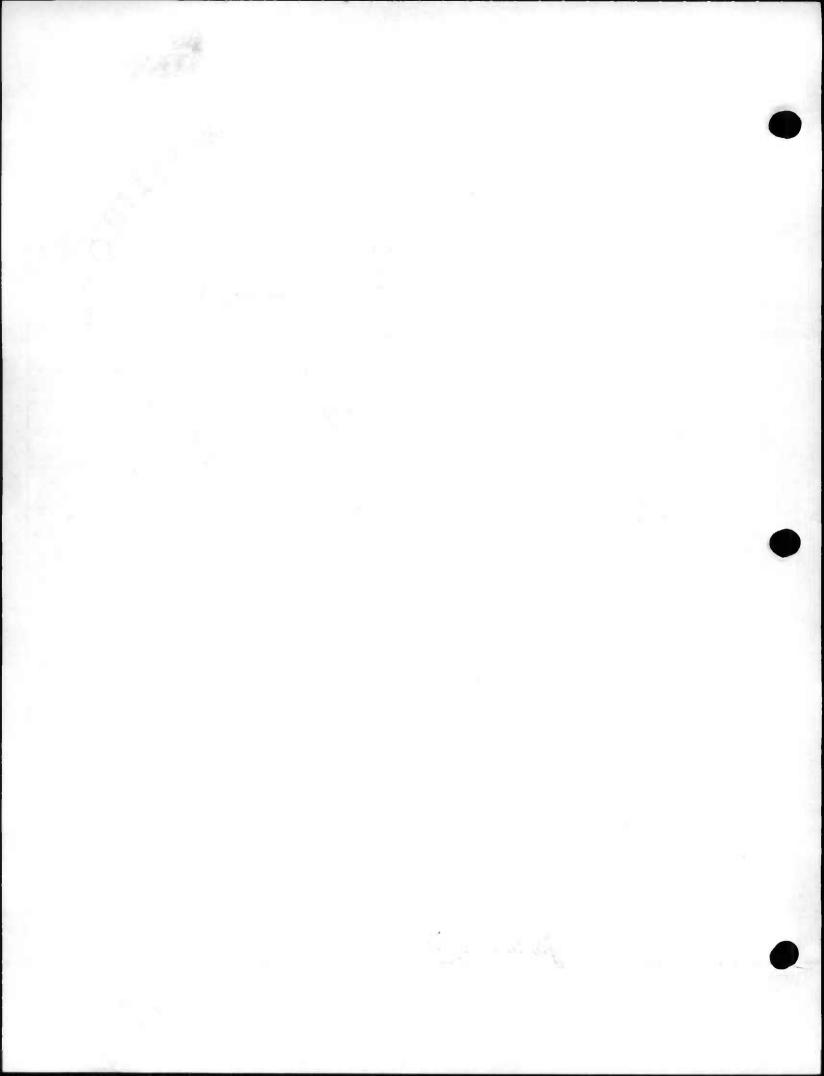
REGISTRAR		CERTIFIC	DAIL OI	DEATH		REG. NO.		1.	. TIME OF DEATH
DECEDENT'S NAME (First, Middle, Lesi Haywood	1)	Wilson			2. DATE OF MONTH	FOEATH DAY		EAR	11:41 P
SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	100	8.		ACE (State or Foreign
	5□ M 2 □ F 6	3 YRS.	NONTHS DAYS	HOURS MIN.	(MURIII, I	way, roar)		Journ'y)	
FACILITY NAME (If not institution, give 1800 Blk. Divi:		1		A LOCATION OF DE			9c. COUNTY	OF DEA	NTH
SIDENCE OF DECEDENT	SION St.		Ba	ltimore	City				
. STATE 10b. COUN	пу	10c. CITY,	TOWN OR LOCAT	FION					IOd. INSIDE CITY
MD			Balti	more					YES 2 NO
STREET AND NUMBER			101	f, ZIP CODE			10g. CITIZE	N OF WH	IAT COUNTRY?
MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DEC	CENDENT OF HISPAN	HC ORIGIN?	(Specify Yea	or No — 14	. RACE -	- American Indian,
Never Married 2 Married	FORCES? 1 1			ecity Cuban, Mexica 3 2 NO Specify		cen, atc.)		Black, Specify	White, atc.
Widowed 4 Divorced								Par	Black
15. DECEDENT'S EI (Specify only highest gra	de completed)	(Give kind of wo	ork done during mo	ON ost of working	16b. F	UND OF BUS	SINESS/INDUS	i HY	
Elementary/Secondery (0-12)	College (1-4 or 5+)								
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mic	ddle, Maiden	Surname)	_	
. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Numbe	r, City or Tow	n, State, Zip C	ode)	
m. METHOD OF DISPOSITION		20b. PLACE OF DISPOSI	ITION (Name of ce	metery, crematory or		20c. LO	CATION CI	y or Tow	rn, State
Burial 2 Cremation 3 R		other place)							
SIGNATURE OF FUNDRAL SERVICE			22. NAME A	ND ADDRESS OF FA	CILITY	-			
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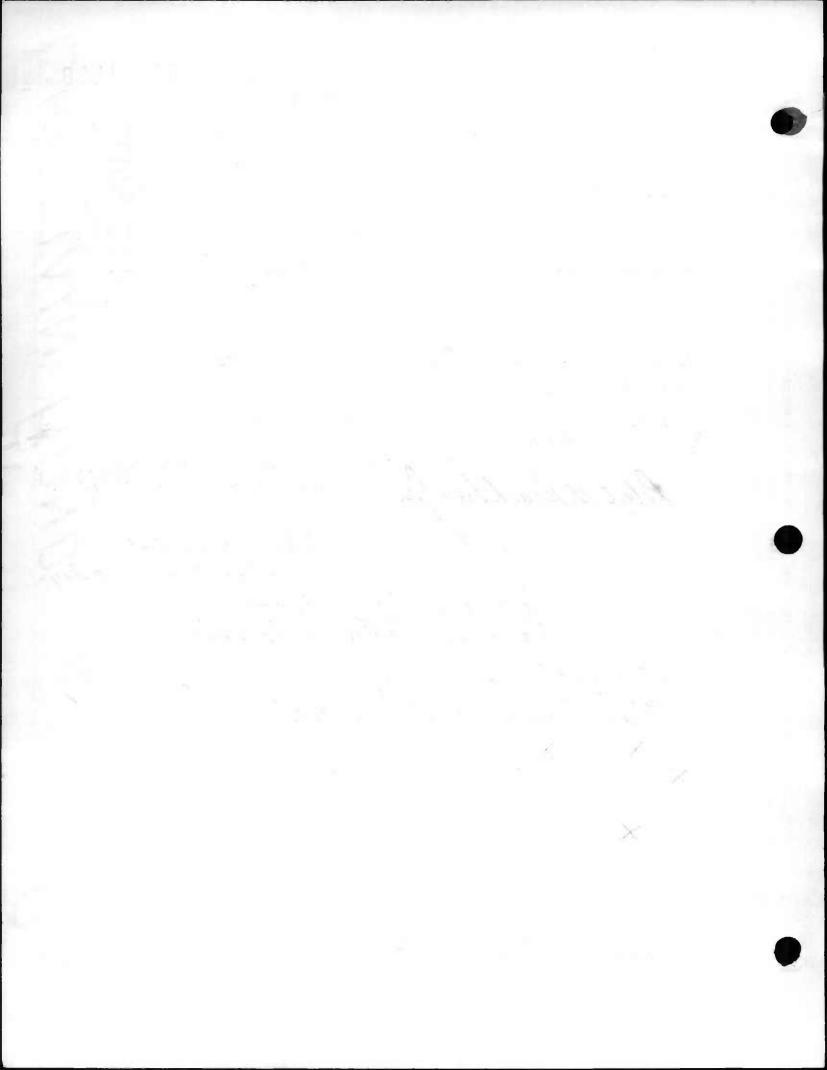
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nation 5 Other (Specify) Barbara A. W. RT I. Enter the diseases, or shock, or heart failure	illiams, Fu	meral	Dir.	John 100	T. Willi	iams F	uneral H	lome	
Barbara A. W. RT I. Enter the diseases, or shock, or heart fellure DIATE CAUSE (Finsi	illiams, Fu	meral	Dir.	John 100	T. Willi	iams F			MD 217
	Blunt f		ne.		node of dying, suc				Approxin interval i Onset ar
ng in death)	DUE TO (OF	AS A CONS	SEQUENCE OF):						
leading to immediate Enter UNDERLYING E (Disease or injury itiated events ng in death) LAST	cDUE TO (OF	R AS A CONS	SEQUENCE OF):						
II. Other significant condition	ons contributing to de	eath but no	t resulting in	the underly	ing cause given in		24e. WAS AN AUTOP PERFORMED?		b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?
CASE REFERRED TO MEDICAL					PLACE OF DEATH (C	heck only one)		
XES 2 NO		R/Outpatient	3 🗆 DOA		lome 5 🗆 Residence	6 🗆 Other	(Specify)		
Netural 5 Pending	1 12 19 -			POR I	MACHINE	Sub	ject beat	occured	
Actionity	28e. PLACE OF II	NJURY — At c. (Specify)			ffice	281. LOCA 1800°	TION (Street and Nur DIOCK St	nber or Rurel Lodda1	Route Number, rd St.Ba
MCK OUN					-100				(e) and manner ed
MAYURE AND TITLE OF CENTER	n xx						29d.	12-2	D (Month, Day, Yea 20—90
UN PARTE	INNER? YES 2 NO ER DF DEATH Investigation Suicide 6 Could not be determined TIFIER 1 CERTIFYING PH MEDICAL EXAMI	HOSPITAL: 12 ER DF DEATH	HOSPITAL: Second	HOSPITAL: DOA OR	HOSPITAL: Supplement Supp	HOSPITAL: CERTIFYING PHYSICIAN: To the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and death occured at the time.	CASE REFERRED TO MEDICAL INVERTY VES 2 NO INVERTY ASE REFERRED TO MEDICAL	AXENTES 2 NO NO NO NO NO	



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he fined within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.	
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	within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 hours after death with the State Deat; of Health and Mental Hygiene prior to burial, cremation, or removal.	ent,	
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	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME			MENTAL HYGIEN	E 90	3/500	
	1. DECEDENT'S NAME (First, Middle, Last) George D. B	radshaw				2. DATE OF DEATH DO NOTH DO NOTH		3. TIME OF DEATH 10:10 p M	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (in yrs. lest	"	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign	
	214-16-4447	⊠ M 2 □ F 83	YRS. MONTH	S DAYS	HOURS MIN.	Jan. 9, 1		Maryland	
	9a. FACILITY NAME (If not institution, give street	and number)	9b. C	ITY, TOWN C	R LOCATION OF DE		9c. COUNTY		
OR	Edw.W.McCready Mem	orial Hospital		Cri	sfield		Som	erset	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY								
4	Maryland Somer	sot.	10c. CITY, TOW	erton				10d. INSIDE CITY LIMITS?	
2	Maryland Somer	set	±y1		ZIP CODE		L 40 - OFFITTING	1 YES 2 NO	
RA	Rural Route - Box	21.4		101	100.77356			OF WHAT COUNTRY?	
FUNERAL DIRECTOR		ンエン: P. WAS DECEDENT EVER IN U.S. ARI	MED I	12 WILE DEC	2186	NIC ORIGIN? (Specify Yes		.S.A. RACE — American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES 2 N		If yes, sp	ecify Cuban, Maxica	in, Puerto Rican, atc.)	1 OF NO - 14.	Black, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 U YES	2 NO Specif	у:		Specify: White	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 16a. DE	CEDENT'S USUAL	COCUPATION	ON	16b. KIND OF BU	SINESS/INDUST	TRY	
<u>=</u>		College (1-4 or 5+)	Do NOT use retire	d.)	ist or working				
MP	Grade 7 -	Ovi	mer			Groce	rv		
Ö	17. FATHER'S NAME (First, Middle, Last)				SWITTER STATE OF	ME (First, Middle, Malden			
BE (John Lewis Bradsha	W			01evi	a Marshall			
10	19a. INFORMANT'S NAME (Type/Print)	198	. MAILINO ADDR	ESS (Street a	and Number or Rural	Route Number, City or Tow	n, State, Zip Co	de)	
-	Mabre M. Bradshaw	a 190 NB C	Same a	s 10	a,b,c,d,	e,f			
	20a. METHOD OF DISPOSITION 12-29.	_ 90 I from State 20b. PLACE 0	OF DISPOSITION	(Name of cer	metery, crematory or	20c. LO	CATION — City	or Town, Stata	
	4 Donation 6 Other (Specify)	Union	Meth.		h Cemete		ylerto	n, MD	
	21. SIONATURE OF UNERAL SERVICE LICEN	SEE	1	22. NAME AI	ND ADDRESS OF FA	CILITY		(21817)	
	Februt 2/ /	Jack low	Ch	Brads	haw & So	ns, Main S	t., Cr	(21817) isfield, Md.	
	23. PART I. Enter the diseases, or com	plications that caused the de	nh. Do not en	ter the mo	de of dying, suc	ch as cardiec or reap	iratory arrest	. Approximate	
	ahock, or heart fellure. Lis	t only one ceuse on each life.	•					Interval Between	
	disease or condition	Paul	antes	100	Index	in hype	· · · ·		
1	resulting in death) a	DUE TO (OR AS A CONSEC	DUENCE OF):	~~~	VAJOU	1 Hayre	- (
z					4	efacet	ern	2 Lays	
임	Sequentially list conditions, If any, leading to immediate								
2	CAUSE (Disease or Injury	Cronary	Mu	con	noor	es			
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF	10.		2 1			
CERTIFICATION	d	Cronari	y Us	rue	io-sex	erone	7		
	PART II. Other significent conditions of	optributing to deeth but not r	esulting in the	underlyin	g cause given in	Part I. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
CAL	Musasti	unia	Sra	uis	2	PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	Calture	1,000	ant		nemie	1 [] YES	Z LAP NO	OF DEATH? 1 ☐ YES 2 ☑ NO	
2	Opinion	ma el ti		1,00	Part			T TES 2 (2) NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL.	The Hard	ce ()	28, P	LACE OF DEATH (C)	heck only one)			
200	EXAMINER?	IOSPITAL:		HER:	ne 5 🗆 Residence	6 Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME OF	28c, IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED	
Y	1 Natural 5 Pending	(Month, Day, Year)	INJURY		YES 2 NO				
Э ВУ	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At ho	me, farm, street,	tactory, offic	ia .	26f. LOCATION (Street		Rural Route Number,	
TEC	4 Homicide determined	building, etc. (Specify)				City or Town, State)		
COMPLETED	29a, CERTIFIER CERTIFYING PHYSICIA	N: To the best of my knowledge, de	ath occurred at t	he time date	and place, and du	to the cause(s) and ma	nner se eteted		
M	(Orlock Strill)	On the besia of examination and/or i							
	29b. SIONATURE AND TITLE OF CERTIFIER	78 22			29c, LICENSE NU				
BE	280. SIGNATURE AND TITLE OF CERTIFICA	84/2/1/	· (X)	P. 2950			IGNED (Month, Dey, Year) - 26-90	
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITEL			7730	,	12	10-10	
	Dr. Gregorio Bello	oso, McCready H	ospital	, Cri	sfield.	Md. 21817			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		,	,				
	DEC 28'90	Lulia Davidson-R	andelle.						
	LIFE CO MIL	- Ammorphisman - N.							



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	90-	37	55	1
- 10 100				

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGL CERTIFICATE OF DEATH REG. NO.							3,00,
1. DECEDENT'S NAME (First, Middle,	(AATTITITE TEXT I, TITTI		IAW) 2. DATE OF DEATH			H DAY YEAR 3. TIME OF DEATN		
4. SOCIAL SECURITY NUMBER	M. BRAD.	yrs. lest birthday)	T		_		29, 15	
214 - 28 - 795	/	IF UNDER 1 YEAR	HOURS MIN.	7. DATE (Month)	Day, Year)		BIRTNPLACE (State or Foreign Country) Maryland	
90. FACILITY NAME (If not institution, PENINSULA GENE			96. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	
RESIDENCE OF DECEDER	NT							
Maryland 106. 0	Somerset	10c. CIT	Y, TOWN OR LOC	ation Tylerton	, MD			10d. INSIDE CITY LIMITS? 1 YES 2 🔯 NO
10e. STREET AND NUMBER			1	Of. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
Box 225				2186	66		U.	S.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci	en, Puerto R		or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT' (Specify only highes	t grade completed)	16a. DECEDENT'S (Give kind of tille. Do NOT us	work done during i	TION most of working	16b.	KIND OF BUS	INESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Water				Seafo	ho	
Grade 6 17. FATHER'S NAME (First, Middle, Le Clyde Bradsha	,	water	.man	18. MOTHER'S N. Bertha		liddle, Maiden		
19a. INFORMANT'S NAME (Type/Prin Priscilla J.				a,b,c,d,		er, City or Towi	n, State, Zip Co	ide)
20e. METHOD OF DISPOSITION 0 1 \$\overline{\text{Specify}}\$ Burlel 2 \$\overline{\text{Cremation}}\$ Cher (Specify)	1 — 01 — 90 J Removal from State	place of dispo- other place) Union Ch		metery, cremetory or		20c. LO		erton, MD
21. SIGNATURE OF FUNERAL SERV	LA NA LA	en le	Brac	and address of F Ishaw & So W. Main	ons F			MD 21817
ehock, or heart fe IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Care Con each course on each cour		OF):	, le	lt	Lu	ng	Interval Between Onset and Death
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A d.							
Metast	aditions contributing to death be			Ing cause given in	n Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI	ICAL		28	PLACE OF DEATH (C	Check only on	e)		1
EXAMINER?	HOSPITAL:	etlant a [] BO4	OTHER:			,		
27. MANNER OF DEATH	1 Topatient 2 ER/Outp.			ome 5 Residence	_		N ILIBY OCCU	DED.
1 Netural 5 Pendin	Natural 5							
3 Suicide 6 Could 4 Homicide determi		— At home, farm,	street, fectory, of	fice		ATION (Street or Town, State)		Rural Route Number,
(direction only	PHYSICIAN: To the best of my knowl XAMINER: On the best of examination							
296. SIGNATURE AND TITLE OF CE	Helleste			29c. LICENSE NO	UMBER		29d. DATE 6	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERS	M. E VAIV	ATH (ITEM 27) (Type	e, Print)	105	Pi	ne	Flin	H PP
31. DATE FILE JAN 111 Day 1609	32. REGISTRAR'S SIGN.	ATURE Buda	ec.	7411	7 01	1	All	11801



	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Li	19t)	CE	ERIT	(CUL	DEATH	2. DATE O			3. TIME OF D
1	W.	HAR	VEY		Cult	SAN)	De Ce	mber 21	1990	210
1	4. SOCIAL SECURITY NUMBER 218-05-9711	5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. les	t birthday) . YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year) 4, 1911	Count	hplace (Stelle of try) yland
DIRECTOR	99. FACILITY NAME (If not institution, g Peninsula Ge RESIDENCE OF DECEDENT		pital			or Location of C			Wico	DEATH
	Maryland 106. con			10c. CIT	y, town on loc Cri		10d. INSIE LIMIT 1 - YES			
FUNERAL	Rt. 1 - Lawsonia	Rd. (P. (D. Box 66	62)	1		U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 N WAR OR DATES		It yes, s	CENDENT OF HISPA specify Cuban, Maxic S 2 NO Spec	an, Puarto Ric	(Specify Yea or No— can, etc.)	14. RACI Blac Spec	E — Armerican ck, White, etc. city: White
LETED	15. DECEDENT'S (Specify only highest g		+) (G.	live kind of a Do NOT us	USUAL OCCUPAT work done during n se retired.)			UND OF BUSINESS/I		WIIICE
COMPL	Grade 7 17. FATHER'S NAME (First, Middle, Last)		OWI	ner		Transit Line 16. MOTHER'S NAME (First, Middle, Melden Surname) Mary Pruitt				
TO BE	William Edward 19m. INFORMANT'S NAME (Type/Print)	Curren	191			and Number or Rure	Route Number	r, City or Town, State,	Zip Code)	
8	Mary A. Cullen 20s. METHOD OF DISPOSITION 17 1 OC Burlel 2 Cremation 3	2-24-90	20b. PLACE	Same as 10 a,b,c, 20b. PLACE OF DISPOSITION (Name of cometery, cremetory of other place)						
examiner must	4 Donation 6 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							Crisfield, mD		
medical	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each limit. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate								Interv	
event, the	disease or condition	a. AC.	COR AS A CONSE	OUENCE O	icular	Tachy	carde			Onset
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	O (OR AS A CONSE		H	Tachy arley of	eard:	ayın		Onset
er other traumatic event,	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	c			H	Tachy arley of	cardi	ayen		Onset
NEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d.	O (OR AS A CONSE	QUENCE O	F):		n Part I.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO		b. WERE AUTOP: AMALABLE PR COMPLETION OF DEATH? 1 YES 2
Hem 23 shows any injury, or other traumatic event, SICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d. d. ditions contributing to	O (OR AS A CONSE	QUENCE O	Fi: In the underly! Fam 26. OTHER:		buls	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO		b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH?
ked, or teem 23 shows any injury, or other traumatic event, PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	d. d. d. titions contributing to the second seco	o death but not a	QUENCE O	F): In the underly! Fam 26. OTHER: 4 Nursing He IE OF 28c. III	ng cause given in	h Part I.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	24t	b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH?
marked, or them 23 shows any injury, or other traumatic event, BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other significent conditions of the condition	d	o death but not in the state of	QUENCE O	F): In the underly! Fam 26. OTHER: 4 Nursing Ho IFOF 28c. II	PLACE OF DEATH (Come 6 Residence NJURY AT YORK?	h Part I. BUIS Check only one 8 Other 28d. DESC	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	SY 246	b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 YES 2
marked, or teem 23 shows any injury, or other traumatic event, BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditions. The significant conditions are sufficient conditions are sufficient conditi	d	D (OR AS A CONSECTION OF INJURY — At he of the consection of my knowledge, de	QUENCE O	In the underlyl Fam 26. OTHER: 4 Nursing Ho IFOF 28c. II FURY M 1 street, factory, offered at the time, day	PLACE OF DEATH (Come 6 Residence NUTURY AT YORK? YES 2 NO	in Part I. Control Co	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO (Specify) FION (Street and Num Rown, State)	DCCURED ober or Rural stated.	b. WERE AUTOPP AMAILABLE PR COMPLETION OF DEATH? 1 YES 2

Maritha Land Comment of the State of the Sta

2	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- hours after death. Page 6 may be retained by the hospital or attending physician.	(
22	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Purch 2.3 should be detached for use as the burial-transit permit. Purch 2.3 should be detached for use as the burial-transit permit. Purch 2.3 should be detached for use as the burial-transit permit.	7.3 Short
W	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	0

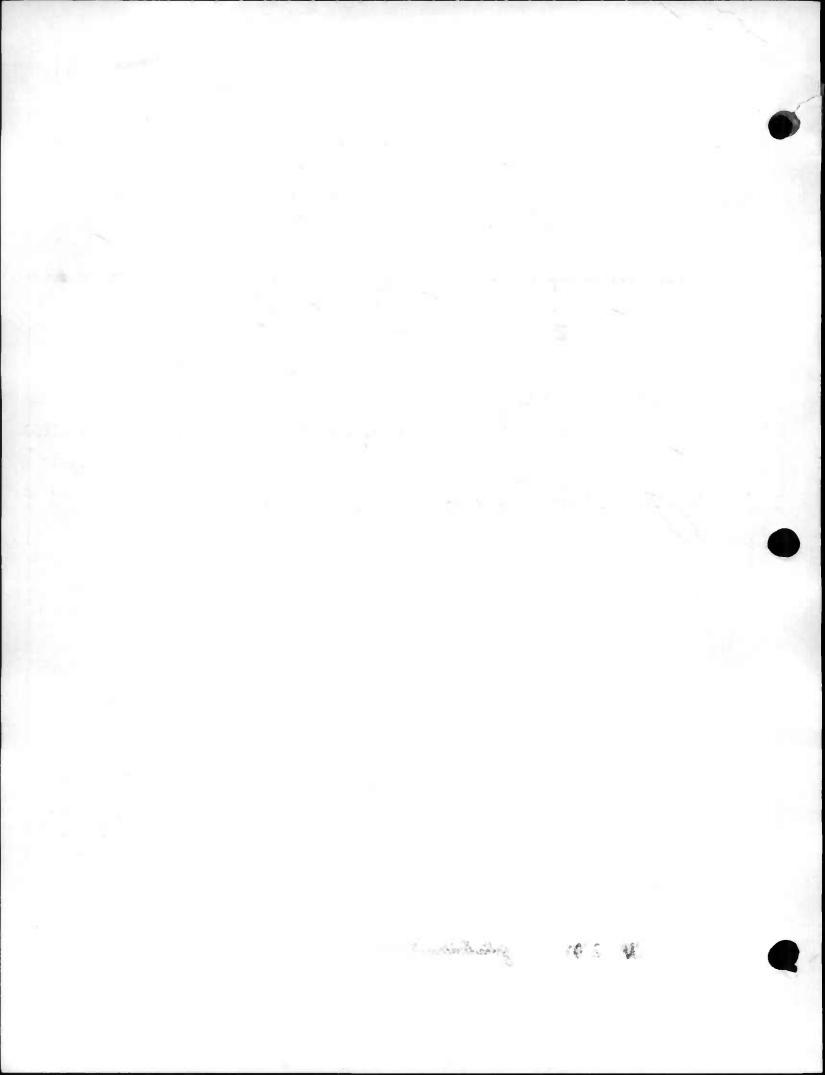
OSCAT T. POWell 196. INFORMANT'S NAME (Type/Print) Mrs. Margaret Payne 1509 Ral Worth 206. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removal from State 4 Donalton 5 Other (Specify) 21. BIOLATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF HINMAN Pr. Anne And ADDRESS OF HINMAN Pr. Anne Anne And Address Of Hinman Pr. Anne An	PANIC ORIGIN? (Specify Icen, Puerto Rican, etc.) PANIC ORIGIN? (Specify Icen, Puerto Rican, etc.) 18b. KIND OF ICEN, Middle, Maic V Hayman 18d. Route Number, City or d. Baltior 20c. 1 Cem. P. FACILITY Uneral Human 21.	9c. COUNTY 10g. CITIZEN 10g.	NICOMICO 10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY? S. RACE — American Indian, Black, White, etc. Specify: White TRY Md. 21218 y or Town, Siete						
8. SECULTY NUMBER 3. SEX 4. O AGE (in yrr. lest birthday) 5. SEX 5. SEX 5. O AGE (in yrr. lest birthday) 7. SEX YRS. 8. O AGE (in yrr. lest birthday) 7. SEX YRS. 9. YRS. 9. YRS. 9. CTY, TOWN OR LOCATION SALISBUF PENINSULA GENERAL HOSPITAL 10. CTY, TOWN OR LOCATION SALISBUF RESIDENCE OF DECEDENT 10. STATE 10. STATE 10. COUNTY 10. STATE 10. STORET AND NUMBER 11. MARTIAL STATUS 11. MARTIAL STATUS 11. MARTIAL STATUS 11. MARTIAL STATUS 12. PORCEST 11. YES 2 NO 13. WAS DECEMBENT OF HIT YES 2 NO 15. STREET AND NUMBER 11. MARTIAL STATUS 12. WAS DECEMBENT OF HIT YES 2 NO 15. STREET AND NUMBER 11. MARTIAL STATUS 12. WAS DECEMBENT OF HIT YES 2 NO 15. STREET AND NUMBER 15. SEX YES ADDITION (Specific only highers grade completed) 16. DECEMPT SUBLAL OCCUPATION (Specific only highers grade completed) 17. FATHER'S HAME (First, Middle, Lest) 18. INFORMANT'S NAME (First, Middle, Lest) 19. INFORMANT'S NAME (First, Middle, Lest) 19. INFORMANT'S NAME (First, Middle, Lest) 20. ALLOC OF DISPOSITION (Name of carrelary, cramstor) 1 Sevential 2 Cramston 3 10 Removed from State 20. ALLOC OF DISPOSITION (Name of carrelary, cramstor) 1 Sevential 2 Cramston 3 10 Removed from State 20. ALLOC OF DISPOSITION (Name of carrelary, cramstor) 22. MARTING DO DEPOSITION 1 Sevential 2 Cramston 3 10 Removed from State 23. PARTI 1. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, shock, or heart failure. List only one cause on each line. 1 Sevential 1 Seve	PANIC ORIGIN? (Specify Icen, Puerto Rican, etc.) PANIC ORIGIN? (Specify Icen, Puerto Rican, etc.) 18b. KIND OF ICEN, Middle, Maic V Hayman 18d. Route Number, City or d. Baltior 20c. 1 Cem. P. FACILITY Uneral Human 21.	9c. COUNTY 10g. CITIZEN 10g.	Maryland OF DEATH WICOMICO 10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY? S. RACE — American Indian, Black, White, etc. Specify: White TRY Md. 21218 y or Town, Siete						
98. FACILTY NAME (# not institution, gives street and numbers) PENINSULA GENERAL HOSPITAL RESIDENCE OF DECEDENT 106. COUNTY 106. CITY, TOWN OR LOCATION OR LOCATION OR LOCATION OR LOCATION MATYLAND SOMETSET 106. CITY, TOWN OR LOCATION PENINSULA GENERAL HOSPITAL 106. CITY, TOWN OR LOCATION PENINSULA GENERAL HOSPITAL 107. PATHER AND NUMBER RECKET AND NUMBER 11. WAS DECEMBERT OF M. 12. WAS DECEMBERT EVER IN U.S. ARMED 11. WAS DECEMBERT OF M. 12. WAS DECEMBERT OF M. 13. WISSON AND ADDRESS (Street and Number or F. 14. Burlet 2 Committion 3 C Ramoval from State 15. DECEMBERT IN SAME (First, Middle, Last) 16. DECEMBERT SUMAL OCCUPATION (Give land of work down during most of working) 16. DECEMBERT SUMAL OCCUPATION (Give land of work down during most of working) 16. DECEMBERT SUMAL OCCUPATION (Give land of work down during most of working) 16. DECEMBERT SUMAL OCCUPATION (Give land of work down during most of working) 16. DECEMBERT SUMAL OCCUPATION (Give land of work down during most of working) 16. DECEMBERT SUMAL OCCUPATION (Give land of work down during most of working) 16. DECEMBERT SUMAL OCCUPATION (Give land of work down during most of working) 16. DECEMBERT SUMAL OCCUPATION (Give land of work down during most of working) 17. FATHER'S NAME (First, Middle, Last) 18. MATTHER OF PURE MARKE (First Middle, Last) 19. MATTHER OF PURE MARKE (First Middle, Last) 19. MATTHER OF PURE MARKE (First Middle, Last) 19. MATTHER OF PURE MARKE (First Middle, Last) 10. DUE TO (OR AS A CONSEQUENCE OF): 20. PLACE OF RAJETY 10. THERE: 10. WAS CASE REFERRED. TO MEDICAL 21. MANYER OF DEATH 10. WAS CASE REFERRED. TO MEDICAL 22. MANYER OF DEATH 10. WAS CASE REFERRED. TO MEDICAL 23. MANYER OF DEATH 10. WAS CASE REFERRED. TO MEDICAL 24. MANYER OF DEATH 10. WAS CASE REFERRED. TO MEDICAL 25. MANYER OF DEATH 10. WAS CASE OF RAJETY M. MICHAEL STATES 10. WAS CASE OF RAJETY M. MICHAEL STATES 1	PANIC ORIGIN? (Specify Scen, Puerto Rican, etc.) 16b. KIND OF Edu Name (First, Middle, Maic V Hayman al Route Number, City or d. Baltior 20c. 1 Cem. P. FACILITY UNETAL H. Md. 21	9c. COUNTY 10g. CITIZEN U fee or No— 14. SUSINESS/INDUST Cation or Surname) DOWN, Stele, Zip Co NOTE, LOCATION — City CATON OME 353	Maryland OF DEATH WICOMICO 10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY? S. RACE — American Indian, Black, White, etc. Specify: White TRY Md. 21218 y or Town, Siste						
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16. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 16. DECEDENT 16.	NAME (First, Middle, Maid V Hayman Fall Route Number, City or d Balti Cem P FACILITY Uneral H	cation on Sumame) own, State, Zip Co nore, Location - City c. Annu	White TRY Ade) Md. 21218 y or Town, Slate						
Capecity only highest grade completed Callege (1-4 or 5 +) Cal	Edu NAME (First, Middle, Meic V Hayman Tel Route Number, City or d. Balti or 20c. 1 Cem. P FACILITY Uneral H	cation on Sumame) own, Stele, Zip Co nore, Location — City c. Annu	ode) Md . 21218 y or Town, Slate						
School Teacher 1-2	NAME (First, Middle, Melc V Hayman al Route Number, City or d. Balti or 20c. l Cem. P FACILITY uneral H Md. 21	en Surname) own, Stele, Zip Co nore, Location — City DME 353	Md. 21218 y or Town, State						
17. FATHER'S NAME (Fint, Middle, Last) 18. MOTHER'S NAME (Fint, Middle, Last) 19. INFORMANT'S NAME (Type/Print) 19. MATGATET PAYOR 20. METHOD OF DISPOSITION 15. Burst 12 Cremation 3 Removal from State 4 Donalton 5 Other (Specify) 21. Burst 12 Cremation 3 Removal from State 4 Donalton 5 Other (Specify) 22. NAME AND ADDRESS (Street and Number or Fund of Commission, Cremation) 23. NAME AND ADDRESS (Street and Number or Fund of Commission, Cremation) 24. Burst 12 Cremation 3 Removal from State 25. NAME AND ADDRESS (Street and Number or Fund of Commission) 26. PLACE OF DISPOSITION (Name of Commission, Cremation) 27. NAME AND ADDRESS OF THE CREMATION OF THE CRE	NAME (First, Middle, Melc V Hayman al Route Number, City or d. Balti or 20c. l Cem. P FACILITY uneral H Md. 21	en Surname) own, Stele, Zip Co nore, Location — City DME 353	Md. 21218 y or Town, State						
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse give the cause in the conditions contributing to death but not resulting in the underlying ceuse give the cause of the conditions contributing to death but not resulting in the underlying ceuse give the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse give the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse give the cause of the caus	y Hayman ral Route Number, City or d. Balti or 20c. l Cem. P FACILITY uneral H	DOWN, State, Zip Co	Md. 21218 y or Town, State						
19b. MAILING ADDRESS (Street and Number of F Mrs. Margaret Payne. 15.09 Ral worth 20b. PLACE OF DISPOSITION (Name of cemetary, cremator) 1 Burlet 2 Cremation 3 Removal from State 4 Donallon 5 Other (Specify) 21. Bud at the disease, or complications that caused the death. Do not anter the mode of dying, shock, or heert failure. List only one cause on each line. 1 Bullet Additional that conditions are complications that caused the death. Do not anter the mode of dying, shock, or heert failure. List only one cause on each line. 1 Due to (or as a consequence of): 2 Due to (or as a consequence of): 2 Due to (or as a consequence of): 2 Due to (or as a consequence of): 3 Due to (or as a consequence of): 4 Due to (or as a consequence of): 4 Due to (or as a consequence of): 5 Due to (or as a consequence of): 5 Due to (or as a consequence of): 6 Due to (or as a consequence of): 7 Due to (or as a consequence of): 8 Due to (or as a consequence of): 9 Due to (or as a consequence of): 9 Due to (or as a consequence of): 1 Due to (or as a consequence of): 2 Due to (or as a conseque	d. Balti or 20c. l Cem. P FACILITY UNERAL H	nore, Location — Chy	Md. 21218 y or Town, State						
MTS. MATGATET PAYDE 20e. METHOD OF DISPOSITION 1 Surfer 2 Cremetton 3 Removal from State 4 Donallon 5 Other (Specify) 21. Block of the (Specify) 22. NAME AND ADDRESS CONSTITUTION (Name of cemetary, cremetor, cremeto	d. Balti	nore, Location — Chy	Md. 21218 y or Town, State						
20e. NETHOD OF DISPOSITION Name of cemetary, cremator of the ripideal 20e. PLACE OF DISPOSITION (Name of cemetary, cremator) 20e. PLACE OF INJURY — All home, ferm, street, factory, office	l Cem. P FACILITY Uneral H	c. Anni ome	y or Town, Slate						
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A Donation 5 Other (Specify) IN BLOCKATURE OF PUREMAL SERVICE ACCESSEE IN ADDRESS OF HIMMAN SERVICE ACCESSES HIMMAN PT Annothing Service Accesses HIMMAN PROPERTY Letter the diseases, or complications that caused the death. Do not anter the mode of dying, shock, or heert failure. List only one cause on each line. INDECTION OF AS A CONSEQUENCE OF: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENC	uneral H	ome 353	e, Md. 218						
Hinman Fr. Anna shock, or heart failure. List only one cause on each line. ImpleDIATE CAUSE (Finel shoese or condition) a. DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated evants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR A	uneral H	ome 353	E, MU. 210						
Hinman Fr. Anna shock, or heart failure. List only one cause on each line. ImpleDIATE CAUSE (Finel shoese or condition) a. DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated evants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR A	uneral H	ome 353							
PT. Anne. 22 PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, shock, or heart failure. List only one cause on each line. IIII EDIATE CAUSE (Finel finesess or condition) Research of DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO	. Md. 21	353							
Sequentially list conditions, if any, leading to immediate cause or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CON	uch as cardiac or re	piratory arreat							
shock, or heart failure. List only one cause on each line. IIII EDIATE CAUSE (Fine) IN EDIATE CAUSE (Diaease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diaease or injury that initiated evants reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):		t, Approximete							
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DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE	CAUSE (Disease or Injury & C.								
DART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse give Non Trammu a. M. 2. Alabetes mellow the properties of the propertie									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (D/NO 26. PLACE OF OEATH 1 Netural 5 Pending Investigation 27. MANNER OF DEATH 28. DATE OF INJURY A home, ferm, street, factory, office building, etc. (Specify)									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (D/NO 26. PLACE OF OEATH 1 Netural 5 Pending Investigation 27. MANNER OF DEATH 28. DATE OF INJURY A home, ferm, street, factory, office building, etc. (Specify)	In Production								
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EXAMINER? 1 YES 2 D/NO 1 Inpetient 2 ER/Outpetlent 3 DOA 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY AT WORK?	Non Transminal m2, Alabetes melling 10 YES 2 DNO								
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27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 VES 2 No. 2 VES 2 No. 2 VES 2 No. 2 VES 2	* - Other (Const)								
1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be (Month, Day, Year) INJURY WORK? 1 YES 2 No. 1 YES 2 No.	26d. DESCRIBE HO	N IN ISSUE OCCUR	PED						
2 Accident investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)	26d. DESCRIBE NO	INJUNI OCCUP	NEU						
building, etc. (Specify)									
- Indicate descriming	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number building, etc. (Specify)								
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and	dun to the source(-)	nanner ee stated.							
one) 2. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred a	was to tile conseio oug								
			-						
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSI	the time, date and place	29d. DATE S	SIGNED (Month, Day, Year)						
200	the time, date and place								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAMBE OF DEATH (ITEM 27) (Type, Print)	the time, date and place	1 /8	2/3/190						
D. Saygar M.P. W.G.H. Modical Conter	the time, date and place	1	2/31/90						

67410

11.5-11

90-37554

	FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMENT OF HERTIFICATE OF		MENTAL HYGIENE REG. NO.				
	DECEDENT'S NAME (First, Middle, Last) Pamela	Kay	Ford		2. DATE OF DEATH DAY	YEAR 90	3. TIME OF DEATH		
)		SEX 6. AGE (In yrs. last	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 6-25-52	B. BIF	RTMPLACE (State or Foreign unity)		
6	Peninsula Genera	al Hospital	Salis	bury		Wicom	nico		
FUNERAL DIRECTO	Maryland Wicom	ico	Salisbui				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
3AL	10e. STREET AND NUMBER			ZIP CODE			F WHAT COUNTRY?		
JNE	200 Fawn Drive	WAS DECEDENT EVER IN U.S. AR	IMED 13. WAS DEC	21801	IC ORIGIN? (Specify Year	or No- 14, R/	S . ACE — American Indian,		
BY	1 News Married 2 Married	FORCES? 1 YES 2 PF IF YES, GIVE WAR OR DATES	NO If yes, sp		n, Puarto Rican, atc.)	Bi Sp	leck, White, etc. Decily: Tite		
COMPLETED		oleted) (G life.	CCEDENT'S USUAL OCCUPATION with kind of work done during months to NOT use retired.)	st of working	16b. KIND OF BUS		Y		
OMP	12 17. FATHER'S NAME (First, Middle, Last)	4	School Tead		ME (First, Middle, Malden S	ation Gurname)			
BE C	Price Webste	r		Flora	a J. Ab	bott			
2	19a, INFORMANT'S NAME (Type/Print)		b. MAILING ADDRESS (Street a						
	Flora J. Webste	20b. PLACE	RT. 1. BOX		Princes 20c. LOC	S Anne	e. Md. 2185 Town, State		
	1 Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	from State other pl	Pauls Ce	meterv	We	nona.	Md. 21870		
	21. SIGNATURE OF FUNERAL SERVICE ACTION	en e) b	Hinn	nan Fune	eral Home				
	#3. PAYT I. Enter the dispases, or com-	plications that caused the de	eath. Do not antar the mo				Approximate Interval Setween		
	MEDIATE CAUSE (Final	Multiple In	juries				Onset and Death		
	DUE TO (OR AS A CONSEQUENCE OF):								
SATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):						
	PART II. Other significant conditions co	ontributing to death but not	resulting in the underlyin	g cause given in			24b. WERE AUTOPSY FINDINGS		
BY PHYSICIAN: MEDICAL					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N.									
SICI		OSPITAL: Inpatient 2 X X R/Outpetient :	OTHER:	LACE OF DEATH (Ch	6 Other (Specify)				
PHY	27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF 28c, IN.	IURY AT	28d. DESCRIBE HOW II	NJURY OCCURE	bat ran into		
ВУ	1 Netural 5 Pending Investigation	12-30-90 26a. PLACE OF INJURY — At h	9:10 PM 10	MIL	28f. LOCATION (Street a		hat ran into		
ETED	3 Suicide 8 Could not be 4 Nomicide detarmined	building, etc. (Specify)	pad		City or Town, State)		1, Wicomico		
COMPLETED	one)	N: To the best of my knowledge, don the basis of examination and/or					CO., Md.		
BE	206. SIGNATURE AND TITLE OF CERTIFIER AUGUSTA WAR	it		29c. LICENSE NUI	247		NED (Month, Day, Year) 2-31-90		
2	30. NAME AND ADDRESS OF PERSON WHO CO			St., Bal	to., Md.	21201			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGNATURE	- Bindelle						



DECEDENT'S NAME (First, Middle, Last)							. DATE OF DE	ATH			3. TIME OF DEATH
Eloise B. A	Milhourn	P				- 1	MONTH	DAY		YEAR	
			*** 4***4					$\frac{27-9}{7}$	9 ()	- 01971	5:52 a
SOCIAL SECURITY NUMBER		B. AGE (In yrs. lest be	M	IF UNDER 1 YEAR	HOURS 2	20124	(Month, Day,	Year)		Counti	**
218-20-7657	1 M 2 TF	75	YRS.			N	Jov. 2				ryland
. FACILITY NAME (If not institution, give s			3	9b. CITY, TOWN		N OF DEAT	Н	9		TY OF D	
Edw. W. McCready	Mem. Hos	pital		Crisfi	eld				Sor	ners	et
ESIDENCE OF DECEDENT											
Da. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LOCA	TION						10d. INSIDE CITY
aryland So	merset		Cri	sfield							1 YES 2 X NO
e. STREET AND NUMBER				10	H. ZIP CODE			1	log. CITI	ZEN OF V	WHAT COUNTRY?
OF F Olympian	7				E277 11-	21015	7				
37 E. Chesapeake				una no		21817		7 17 22	31.		A .
MARITAL STATUS Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARME	ED				ORIGIN? (Spe Puerto Ricen,		No-	Blac	E — American Indian, k, While, etc.
Never Married 2	IF YES, GIVE WA				S 2 NO					Spec	White
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15. DECEDENT'S EDU (Specify only highest grade		(Give	kind of wo	SUAL OCCUPATI ork done during m	ION lost of working	a	16b. KIND	OF BUSIN	ESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 8+)	Alfo D	o NOT use	retired.)			Some	rset	Cou	nty	
. S. Graduate	4 Years	Scho	oolte	eacher			Boar				on
FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAM	E (First, Middle,				
Solomon T. Brads	hau				100		Gille				
Is. INFORMANT'S NAME (Type/Print)	I ICI W	1 401		ADDRESS (Street	1				7h	2-4-1	
				and the second							01017
Roy A. Milbourne				. Somer					_		21817
0a. METHOD OF DISPOSITION 12- 10 Burlel 2 Cremetion 3 Herr	-30-90	20b. PLACE OF		TION (Name of ce	emetery, crem	atory or		20c. LOCA	TION -	City or To	own, State
Donation 5 Other (Specify)	MOVEL HOST STATE			e Memor	riol I	Dark		Cr	isfi	614	, MD
			4		, LUI I	1.1			of the same of	1.00	F 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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Julia Davidson Pandalle

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

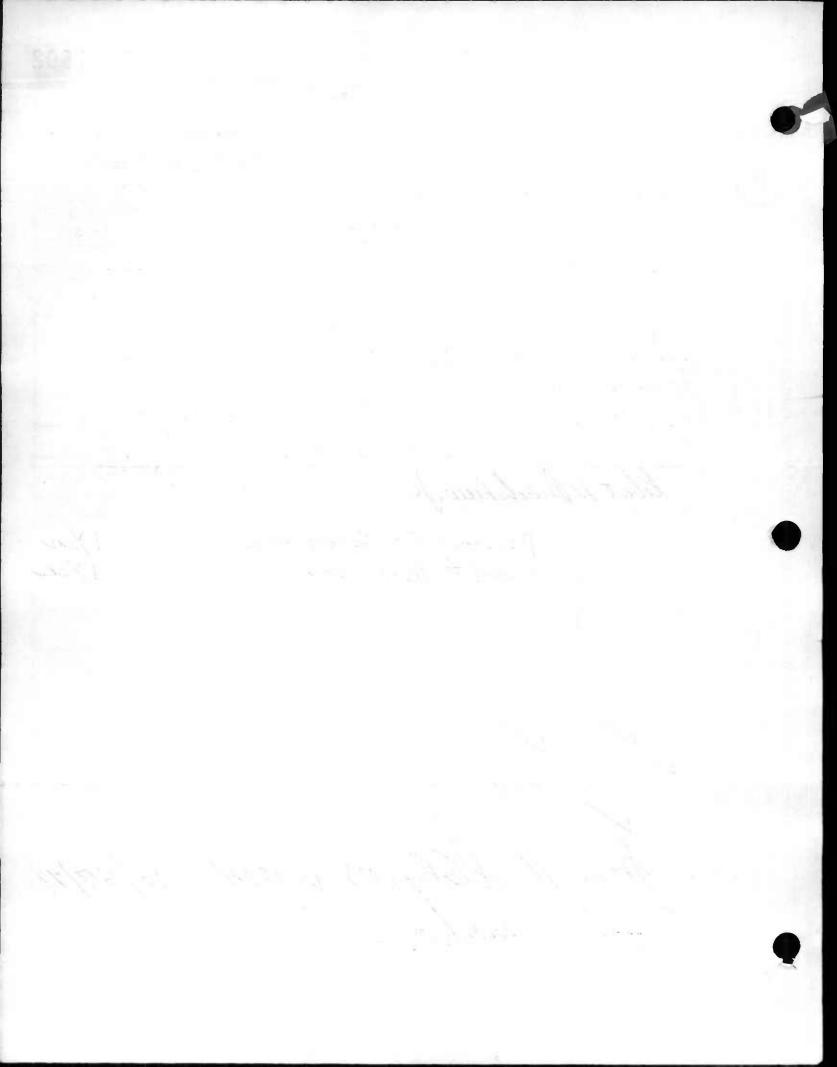
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
DEC 28 '90

2. 3 stroutd

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-DIVISION OF VITAL RECORDS, P.O. BOX 13146,



		FOR
1	_	STATE
	_	REGISTRAR

. . . .

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

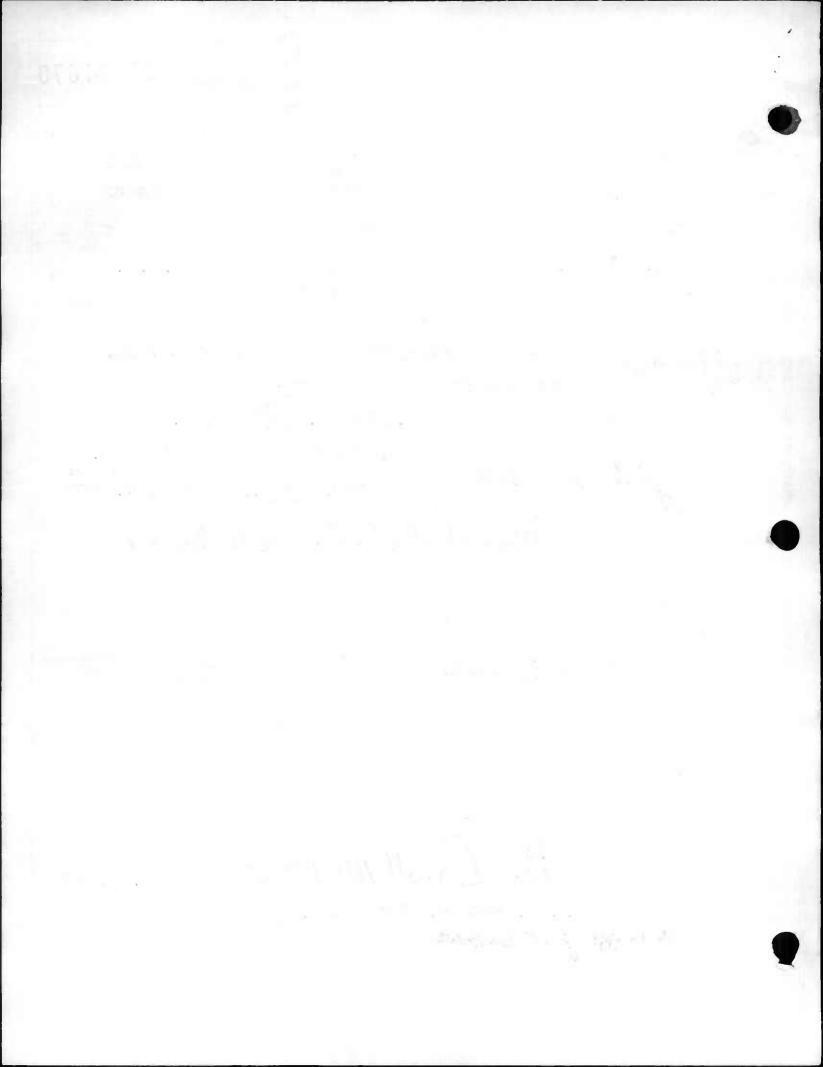
	HEGISTHAN		O.L	-13111	IVALL		ULA		н	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	SIST	TER ZOE	SHALIC	SHNES	SSY			2. DATE OF I	DA	29.1	VEAD	3. TIME OF DEATH 9:02 a M
12	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las					DECEMBER 29,1990			PLACE (State or Foreign		
	219-54-0065	1 🗆 M 2 💢 F	101	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) SEPT 14,1889		389	Country) MAINE	
	Se. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE		1 7 2		NTY OF DE	ATH
HOR	VILLA ST. MICHAEL				EMMITSBURG F			FRE	DERI	CK			
	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN C	OR LOCA	TION						10d. INSIDE CITY
ā	MARYLAND FREDERICK				MITS								1 X YES 2 NO
BY FUNERAL DIRECTOR	333 S. SETON AVE.					10	1. ZIP COD	727				S. A	HAT COUNTRY?
3 1	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	CENDENT (OF HISPAI	NIC ORIGIN? (S	pecify Yea		14. RACE	American Indian,
	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES?	YES 2 X	10		If yes, sp 1 🗌 YES	2 NO	an, Mexica Specif	in, Puerto Ricer y:	n, etc.)		Specify	WHITE
	15. DECEDENT'S EDUI	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON ost of worki	ina	16b. KIN	D OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ive kind of Do NOT u					0.01	ICITE	TDC C) C ()	ADITY
d N		4+	PH	ARMA(CIST							Jr CH	ARITY
8	17. FATHER'S NAME (First, Middle, Last)						100		ME (First, Midd				
BE		DWARD SHA							RET EL				L
2	19e. INFORMANT'S NAME (Type/Print)	,							Route Number, (
	SISTER ROSA DALY								MITSBU				
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ovel from State	20b. PLACE other pl	ace)	,			metory or				City or Tov	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE / /	1		ST. JOSEPH'S 22. NAME AND ADDRESS OF FACILITY				CILITY				
	· John M.	Ski	lis		2	210	W. M	AIN:	ST., El				AL HOME . 21727
	ahock, or heart failure. List only one cause on each line.								Approximate interval Between Onset and Death				
z	Samuellativ list anadisian D.												
¥	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	OUENCE O	ENCE OF):								
CERTIFICATION	AUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):												
9		d											+
	PART II. Other significent condition			resulting	In the u	nderlyir	ng cause	given in	Part I. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Servel	Den	rentra						11	YES 2			COMPLETION OF CAUSE OF DEATH?
											^		1 YES 2 NO
z I													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			heck only one)				
IXS	1 YES 2 NO		☐ ER/Outpatient 3		4 🗆 Nu	rsing Ho		tesidence	6 Other (S		NI HILIPPA C	VIII T	
BY PH	27, MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE D (Month,	F INJURY Day, Year)	26b. TII	JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRI	INE HOW I	INJURY OC	CURED	
	3 Suicide 6 Could not be datermined	8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown. State)					loute Number,						
۳	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	d my knewledge d	eath occur	red at the	time. det	e and nine	e, end du	e to the causel	e) and me	nner en et	rted.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINI		/ /) end manner as stated.
BEC	29b. SIGNATURE AND TITLE DF CERTIFIE	R III	1 0		111	111	29c. 410	CENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
		MA	-la	lla	4	VIL	UK	107	0.7) t	DEC.	29, 1990
2	30, NAME AND ADDRESS OF PERSON WE ALAN CARROLL, M. I		TON AVE			RIIRG	MD	21	727		-		
		32. REGISTR	AR'S SIGNATURE	· FI.II	ITTOL	JUNU	1 110	. 41	1 4 1				
	JAN 08 1991 4	se Davidson	n-Mandall										

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2. The HOSPITAL OR ATTENDING PHYSICIAN.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. urs after death, Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

100 70 07	TO GE COURSE CTES BY BUYSINIAN, MEDICAL CENTROLISMAN
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	TO THE FUNEMAL DIRECTOR: After this certificate has been signed by the attending projected and completely lined in by the funeral director, page 3 shound be beliable be filed within 72 hours after death with the State Dept. of Health and Merital Hydrehe prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hos
BALLIMONE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR	STATE OF MA	ARYLAND /	DEPAR	TMENT	OF HEA	ITH AND	MENTA	LH) (70.	37	557
1 - STATE REGISTRAR	OINIE OF THE				OF DI		IIICH IA	REG. NO.		0 /	
1. DECEDENT'S NAME (First, Middle, Last)				C.			2. DATE	OF DEATH	IA.	YEAR 3.	TIME OF OEATH
WILSON	SAMU	EL		SHC	IRES			-28-1		TEAN	1530 "
4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. les		IF UNDER		UNDER 24 HRS		OF BIRTH		8. BIRTHPLA Country)	ACE (State or Foreign
216-14-4754A	1 M 2 G F	78	YRS.	MONTHS	DATE NO	UNIO.		-26-1	912		yland
9a. FACILITY NAME (If not institution, give str	set and number)			9b. CITY,	TOWN OR LO	OCATION OF	DEATH		9c. COUN	TY OF DEAT	Н
ENINSULA GENERAL H	OSPITAL			SALI	SBURY				WICOM	ICO	
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY			10c, CITY	Y, TOWN O	R LOCATION					10	d. INSIDE CITY
Maryland Some	reet			anc							LIMITS?
100. STREET AND NUMBER	ISEL		1 (1	ianic	101, ZIP	CODE			10g. CITIZ		T COUNTRY?
Box 103					21	1816				11 6	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AE	MED	t3. 1			ANIC ORIGI	N? (Specify Yes	or No-	14. RACE -	American Indien.
1 Never Merried 2 Merried	FORCES? 1 [YES 2		1	t yes, specify	Cuban, Mex	ican, Puerto	Rican, etc.)	20.117	Bleck, W Specify:	Thite, etc.
3 Widowed 4 Divorced	. 100, 0010	TON BATES				g IIO Opo	ony.			Whi	te
15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)				CCUPATION during most of	working	161	. KIND OF BU	SINESS/IND	USTRY	
Elementery/Secondery (0-12)	College (1-4 or 5+)	lite	. Do NOT us	e retired.)	suring most or	worning					
11		Su	perv	iso	r	190					
17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S	NAME (First,	Middle, Malden	Surname)		
Edaie Shores				200		Ruby	Pa	rks			
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street and N	lumber or Rur	al Route Num	ber, City or Tow	n, State, Zip	Code)	
Bertha C. Shor	es	В	ox 1	03,	Char	nce.	Md.	21816			
20a. MPTHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	val from Stata	20b. PLACE	OF DISPOS	SITION (No	me of cometer	y, cremetory o	W	20c. LO	CATION —	City or Town,	State
4 Donation 5 Other (Specify)		Rock	Cre		Cemet			Ch	ance	. Ma:	rvland
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE				NAME AND A			Home			
> 4 M.	. //	M002	05					Md.	2105	7	
23. Party I. Enter the diseases, or co	omplications that										Approximate
shock, or heart failure. L	ist only one ceus	e on each line	D.								Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	M. 1+	ip/e	M	10/1	ma						3.45
resulting in death)	DUE TO (R AS A CONSE	QUENCE OF	C/ U.	1117						Jyrs
Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSE	OUENCE O	F):							
cause. Enter UNDERLYING											1
CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A CONSE	QUENCE O	F):							
resulting in death) LAST											
DARK II ON THE WAY											
PART II. Other significant conditions	contributing to d	lesth but not	resulting	in the un	nderlying ca	use given	in Part I.	24a. WAS AN PERFO		Al	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
-								1 TYES	NO 🗆		OMPLETION OF CAUSE F DEATH?
					10					1	YES 2 NO
				- 10							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL:			OTHE		OF OEATH	Check only o	ine)			
1 TES 2 DINO	1 € Inpatient 2 □	ER/Outpatient	DOA		aing Home 5	Residen	e 6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	28e. DATE OF II (Month, Day	NJURY y, Year)	28b. TIM	E OF JURY	28c. INJURY WORK?		28d, OE	SCRIBE HOW	INJURY OCC	URED	
1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO											
3 Suicide 6 Could not be	28e. PLACE OF building, e	INJURY — At he etc. (Specify)	ome, farm,	street, fact	tory, office			CATION (Street or Town, State		or Rural Rou	te Number,
- C nomicioe determined											
29a. CERTIFIER (Check only	MAN: To the best of r	ny knowledge, d	eath occurr	ed at the t	time, date end	place, end	lue to the co	ause(e) and ma	nner as stat	ed.	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. 145 E. (2 VY 0)

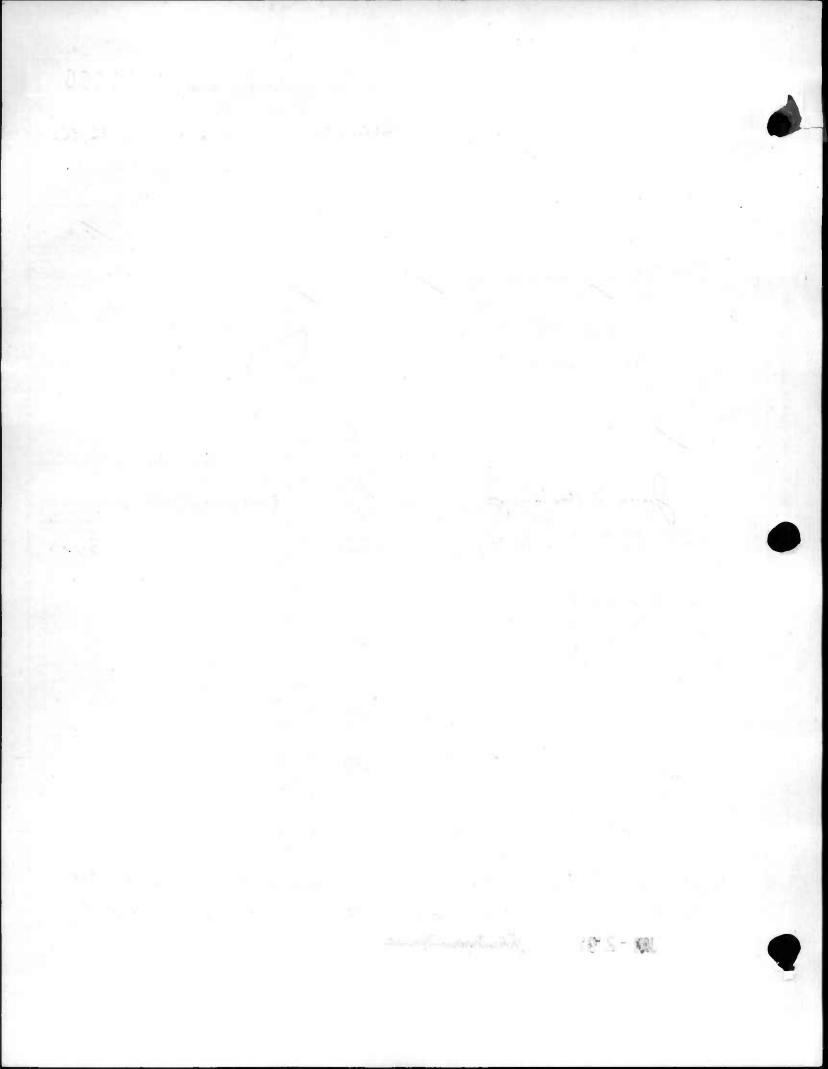
32. REGISTRAR'S SIGNATURE
Julia Davidson Rondoll

29d. DATE SIGNED (Month, Day, Year)

12 - 28 - 90

26278

Salishury



Sterling,

31. DATE FILED (Month, Day, Year)

JAN - 2 '91

M.D.

	FOR	STATE OF MARYLAND	/ DEPART	MENT OF	HEALTH AND I	MENTAL	HYGIENI	•	9	1330
	1 - STATE REGISTRAR	(CERTIFI	CATE O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) JEAN C.	TRAVERS				MONTH	DF DEATH DA		3. 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX AGE (in yrs.	Inst hirthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE C			BIRTHPI A	CE (State or Foreign
	219-06-9738	10×20 63		MONTHS DAY	8 HOURS MIN.	(Month. 11—	Day, Year) 04 – 19	27	Country) New	York
E	BOX 111	set and number)		UPF	ER FA	TIR	noan	Som	Y OF DEATH CISC	
5	RESIDENCE OF DECEDENT									
DIRECTOR	Maryland Some	erset	1 1111111	nowworto	cation Fairmoun	t				INSIDE CITY LIMITS? YES 2 NO
4	10e. STREET AND NUMBER			25,12 (35	101. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	Box 111				21867			U	.s.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.			DECENDENT OF HISPAN			or No — 14	RACE -	American Indian, ilta, etc.
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 (IF YES, GIVE WAR OR DATES			apecify Cuban, Maxica YES 2 NO Specify		ican, etc.)		Specify: Whi	
	15. DECEDENT'S EDUC	ATION 16a.	DECEDENT'S			16b.	KINO OF BUS	INESS/INDUS	STRY	
COMPLETED	(Specify only highest grade (Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of willing Do NOT use	ork done during retired.)	most of working					
1	1.2	n2	Waitı				Food	Sany	ico	
N N	17. FATHER'S NAME (First, Middle, Last)		Wall	ESS	18, MOTHER'S NA				100	
	17. PATRIER & NAME (PROL, MICCIO, EBOL)							ournerne)		
BE	Linknown					know				
2	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Numb	er, City or Town	n, State, Zip C	ode)	
	Shirley Compto				Joner Fa	irmo	unt.	Md.	2186	7
	20a. METHOD OF DISPOSITION 1 ☐ Buriet 2 ☑ Cremation 3 ☐ Remo	val from State 20b. PLA	CE OF DISPOSI r place)	ITION (Name of	cemetery, crematory or			CATION — CI		
	4 Donation 5 Other (Specify)	S:	alishu	ITY C	rematory		Sal	isbu	ry, I	<u>1d</u>
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE								
	b la a M	//		_	man Funer					
	23. PART//Enter the diseases, or c		10295	ot enter the	ncess Ann	e, Mr	lac or respi	retory arres	et .	Approximate
	ahock, or heert fellure. I	ist only one couse on each i	lina.						DL,	Interval Between
1 1	IMMEDIATE CAUSE (Final	-11.	mn	1 1	ve Pu	1:) -			Onset and Deeth
	disease or condition resulting in death)	Coronee			we ru	5	use	ese		Years
		OUE TO (OR AS A CON	ISEQUENCE OF):		,				
Z	Sequentially list conditions,			_						
CERTIFICATION	If any, leading to immediata	DUE TO (OR AS A CON	ISEQUENCE OF):						
2	CAUSE (Disease or Injury									
쁜	that initiated events	DUE TO (OR AS A CON	ISEOUENCE OF):						
监	resulting in death) LAST	l								
ᅙ	PART II. Other algnificant conditions	contributing to death but a	ot resulting i	n the under	vina cause alven in	Part I	240 MMC AN	AUTOPEV	Van WE	RE AUTOPSY FINDINGS
3					,		PERFOR		AW	MILABLE PRIOR TO
EDICA						—]	1 TYES 2	NO		OEATH?
M									1 (YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL			20	B. PLACE OF DEATH JOS	eck only on	0)			
100	EXAMINAT?	HOSPITAL: 1 Inperiant 2 ER/Outpetient	R 3 DOA	OTHER:	Home 5 Hasidenca	6 C Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26s. DATE OF INJURY	26b. TIMI	E OF 26c.	INJURY AT	,	CRIBE HOW I	NJURY OCCU	RED	
124	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY	WORK?					
BY	2 Accident Investigation	28e. PLACE OF INJURY — A	A barra farm in			201 1 00	ATION (Direct)	and March on a	o Charal Bank	Mumbaa
ED	3 Suicida 6 Could not be 4 Homicide detarmined	building, etc. (Specify)	t nome, term, a	treet, rectory,	onice		ATION (Street I or Town, State)		r nurai nous	Number,
COMPLETED				· · · · -		<u> </u>				
김		CIAN: To the best of my knowledge	, death occurre	d at the time,	deta and place, and due	a to the cau	se(a) and mar	nner se state	d.	
NO.		R: On the besis of exemination and	l/or investigation	n, in my opinic	on, death occured at the	time, data	and place, an	d due to the	cause(a) an	d manner as stated.
100000	256. SIGNAPUSE AND TITLE OF CENTIFYER	1111		L	29g. LICENSE NU	MBER	1	29d, OATE	SIGNEO (Mo	onth, Day, Year)
BE	felmus L	Marting	· M	0	D10.	111		•		
2	THE NAME OF THE OWNER,	O COMPLETED CAUSE OF DIVATA	OTTO OTTO	O-/ast	1/100	1/		12	-26-9	Ц

Main Street, Crisfield,

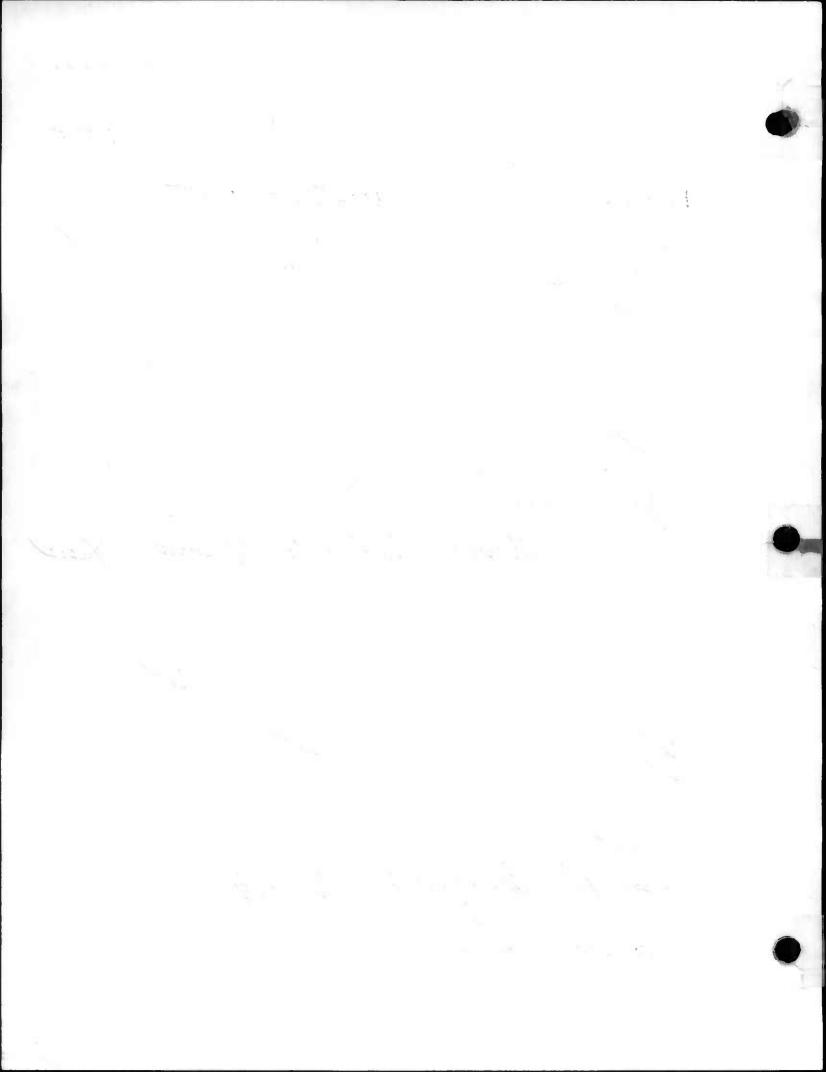
W.

32. REGISTRAR'S SIGNATURE
Julia Savidon Rondall

Md.

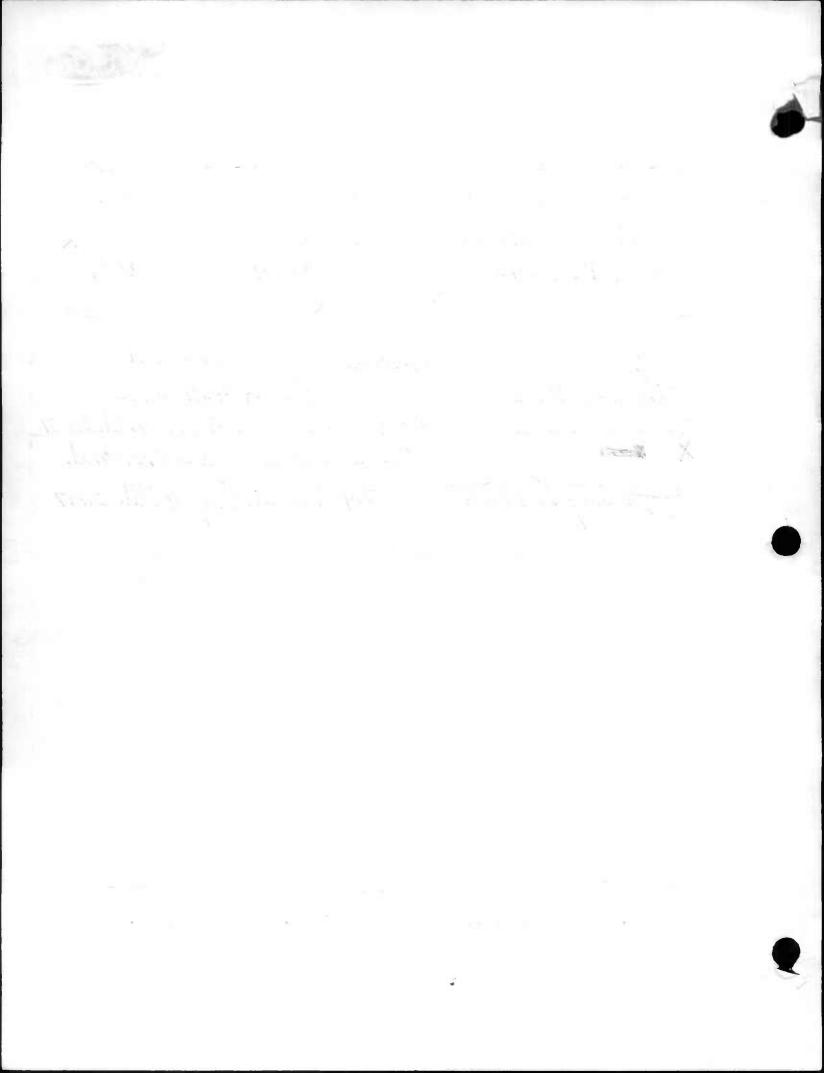
21817

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ALTENO TO THE FUNERAL DIRECTOR: A be filed within 72 hours after d IMPORTANT: II Item 28 is	TO THE HOSPITAL OR ALLENDING PHYSICIAN: The law requires that the death continued by the Hospital of a hour are used to may be retained by the Hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ALTENDING PHYSICIAN: THE TAW REQUIRE	TO THE FUNERAL DIRECTOR: After this certificate has been sign	be filed within 72 hours after death with the State Dept. of Hea	IMPORTANT: Il Item 28 is marked, or Item 23 shows

	REGISTRAR	CER	FIFICATE OF	DEATH	REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Garland Wise				12 20		2323 M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birth	iday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THE ACT (State on Section
		_	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	THPLACE (State or Foreign intry)
	219-03-1385 1 M · ·	² □F 82 Y	RS.		06-18-08	3	VM.
	9a. FACILITY NAME (If not institution, give atreet and nut	mber)	9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
000	Doningula Conomal	Hognital	Col:	a hua mara		Pari o o r	nioo
8	Peninsula General	nospital	Dall	sbury		Wicor	IIICO
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	100	CITY, TOWN OR LOCA	TON			10d. INSIDE CITY
=			_	april 100 miles			LIMITS?
a	1114 2011	ierset	WES	lover			1 TYES 2 NO
4	10e. STREET AND NUMBER		10	. ZIP CODE		10g. CITIZEN O	WHAT COUNTRY?
E.	Kt Kox 2	40		218	71	1	V, S.
Z	11. MARITAL STATUS 12. WAS D	DECEDENT EVER IN U.S. ARMED	to Whe Dec		IIC ORIGIN? (Specify Yea	or No. 14 B4	CE American Indian
리	1 Never Married 2 Married FORC	ES? 1 TYES 2 NO	If yes, sp	ecity Cuban, Mexica	n, Puarto Rican, etc.)	Bi	CE — American Indian, ack, Whita, atc.
B	3 Widowed 4 Divorced	S, GIVE WAR OR DATES	1 🗆 YES	2 NO Specify	r:	Sp	Black
						1	Drack
ш	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDE	ENT'S USUAL OCCUPATE nd of work done during mo	ON set of working	16b. KIND OF BUS	SINESS/INDUSTRY	
		(1-4 or 5+) Ille. Do I	VOT use retired.)		0	7	1
4	1.		A borer		SE	H took	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		THOU EST	40 MOTUEDIO NA	ME (First, Middle, Malden	Pumpama)	
8	II. PATTERS STATE (PIEST, MILLORS, LIEST)	-		IL MOTHER S NA	ME (FIRST, MIDDIS, MAIDEN	July 1	
BE	Inomas Wis	E		DAY	MI HAI	1 Wis	E
	19a. INFORMANT'S NAME (Type/Print)	19b. MA	ILING ADDRESS (Sign)	and Number or Rural I	Route Number, City or Tow		111
2	Thomas F. Wis	IT R	+-1 120	× 797	WESTON	orn W	VId. 21871
	ATTUE CONTROL DE LA LOIS	201 71 107 07 7	100	7712			101640 11
	1 Buriel 2 Removal from		ISPOSITION (Name of co	metery, cremetory or	20c. LO	EATION — City or	Town, Stata
	4 Donation 9 Cther (Specify)		John WES	184 CIEN	1. W	ZSOVE	r-md.
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	1	22. NAME A	ND ADDRESS OF FA	CILITY		4
	6 1XL 111	117		0	7 1	-0 M	1/
	Thurway 60	nan	314	love -	1 Crish	ull VIII	1 21817
	23. PMIT I. Enter the diseases, or complicati	iona that caused the death.	Do not enter the mo	de of dying, suc	h ee cardlec or wapi	ratory erreet,	Approximate
	shock, or heart Milure. List only	one cause on each line.			,		interval Between
- 1	IMMEDIATE CAUSE (Final						Onset and Death
	disease or condition reaulting in death)	rterioscler	otic Car	diovasc	ular Dise	ease	
		DUE TO (OR AS A CONSEQUEN	ICE OF):				
7	-						
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONSEQUEN	ICE OF):				
A	If any, leading to immediate cause. Enter UNDERLYING						
2	CAUSE (Disease or injury \$ c.	DUE TO (OR AS A CONSEQUEN	IOF OF				
21	thet initiated events	DUE TO JUN AS A COMSEQUEN	ICE OF:				
H	reauiting in death) LAST						
2							
4	PART II. Other eignificent conditions contrib	uting to death but not resul	iting in the underlying	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
0	Hypertension				1 YES 2		COMPLETION OF CAUSE
							OF DEATH?
≅							1 TYES 2 NO
ż							
¥	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF GEATH (Ch	eck only one)		
용	EXAMINER? 1.20 YES 2 \(\text{NO} \) 1 \(\text{I nos} \)	TAL:	OTHER:	as E - Basidanas	8 Other (Specify)		
Σ				JURY AT	28d. DESCRIBE HOW	N ILIPY OCCUPED	
à	1 X Natural 5 Pending	(Month, Day, Year)	INJURY W	ORK?	280. DESCRIBE HOW	NJOH! OCCURED	
à	2 Accident Investigation		M 1 🗆	YES 2 NO			
0		PLACE OF INJURY — At home, building, etc. (Specify)	form, street, factory, offi	20	28f. LOCATION (Street		al Route Number,
H	4 Homicide determined	building, etc. (opocity)			City or Town, State)		
COMPLETED BY PHYSICIAN: MEDICAL	No. CENTREE						
P	forece only	he best of my knowledge, death o	occurred at the time, date	and place, and due	to the cause(s) and ma	nner as stated.	
2	2 MEDICAL EXAMINER: On the	basie of examination and/or inves	itigation, in my opinion,	death occured at the	time, date and place, ar	nd due to the caus	e(a) and manner ea stated.
ŏ	29b. SIGNATURE AND TITLE OF CERTIFIER						
BE	290. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU			IED (Month, Day, Year)
	Julin 5 (251)	esel Peput	у М.Е.	D0359	9	12-	20-90
5	38. NAME IND AODRESS OF PERSON WHO COMPLE	TEO CAUSE OF DEATH (ITEM 27) (Type, Print)	A		•	
		M.D., 108		ff Rd	Salishu	rv. Md	
			TITE DIG	TT TIME,	Dallou.	Ly, MIC	
	I 31. DATE PILED (MORID, DRV. 1987) 32.	REGISTRAR'S SIGNATURE					
		Julia Savidson- Ran	1 00				



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	
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page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician. notified at once. pe must funeral director, medical examiner filled in by the removal 6 completely filled inal, cremation, c Injury, or other traumatic event, the executed signed by the attending physician and com Health and Mental Hygiene prior to bunal, å certificate 23 shows any has been s Dept. of H this certificate hy or item marked, death y L DIRECTOR: After the hours after death 49 Item 28 TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 光 光 光 是 2 2 3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH LE17 YEAR BABY GiR 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fgreign (Month, Day, Year) DAYS WIN. 1 M 2 F YRS. 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH JosePH'S DIRECTOR ISPITAL TUWSON ma TOWSON RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY USA 210 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE -Bleck, If yes, specify Cuben, Mexican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY white 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Michael J. Klein leir BE 19e. INFORMANT'S NAME (Type/Print) State, Zip Code 2 -Judy 20e. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of co 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph HOS 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory strest, **Approximate** shock, or heert fellure. List only one cause on each line. Interval Between Onset and Daath IMMEDIATE CAUSE (Final disease or condition Von resulting in desth) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end medical examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end medical examination.

House Pediatrigan 7 200 29d. DATE SIGNED (Month, Day, Year) D20025 11/27/90 RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7620 YORK RD M.D ST. JOSEPH HOSPITAL

31. DATE FILED (Month, Day) 32. REGISTRAR'S SIGNATURE 27 Julia Davidson 1991

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29b. SIGNATURE AND TITLE OF CERTIFIER

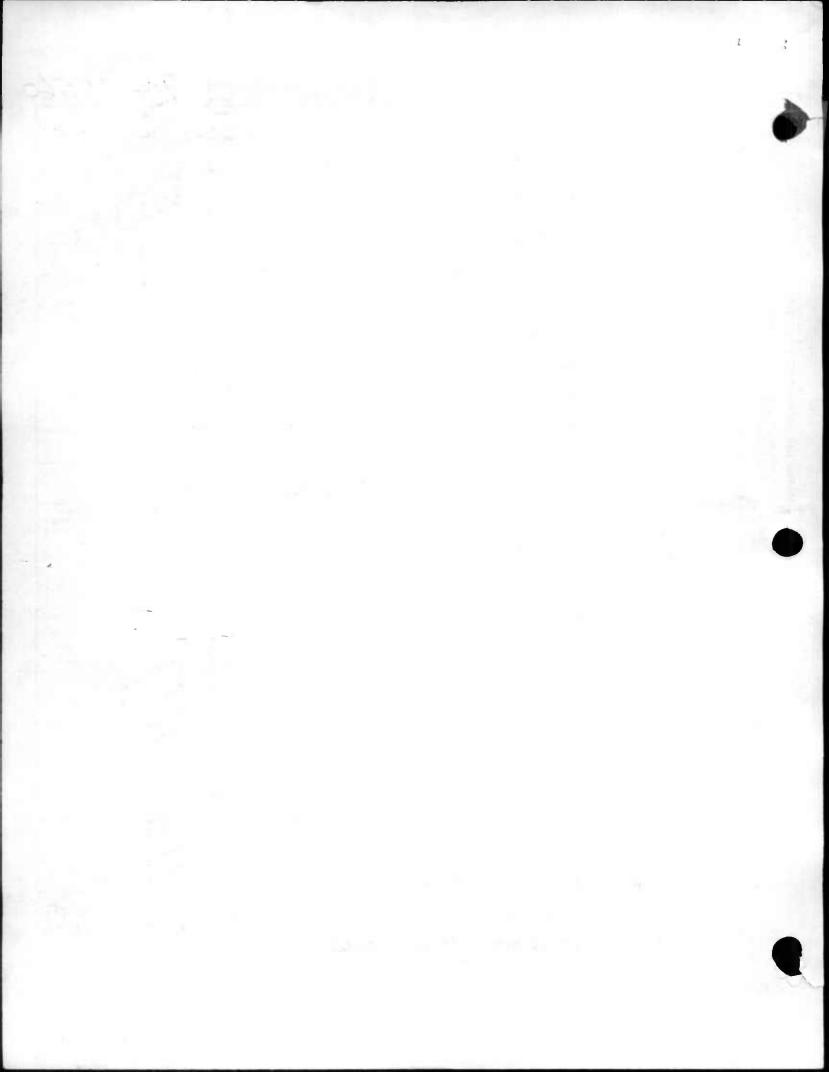
30. NAME AND ADDREST

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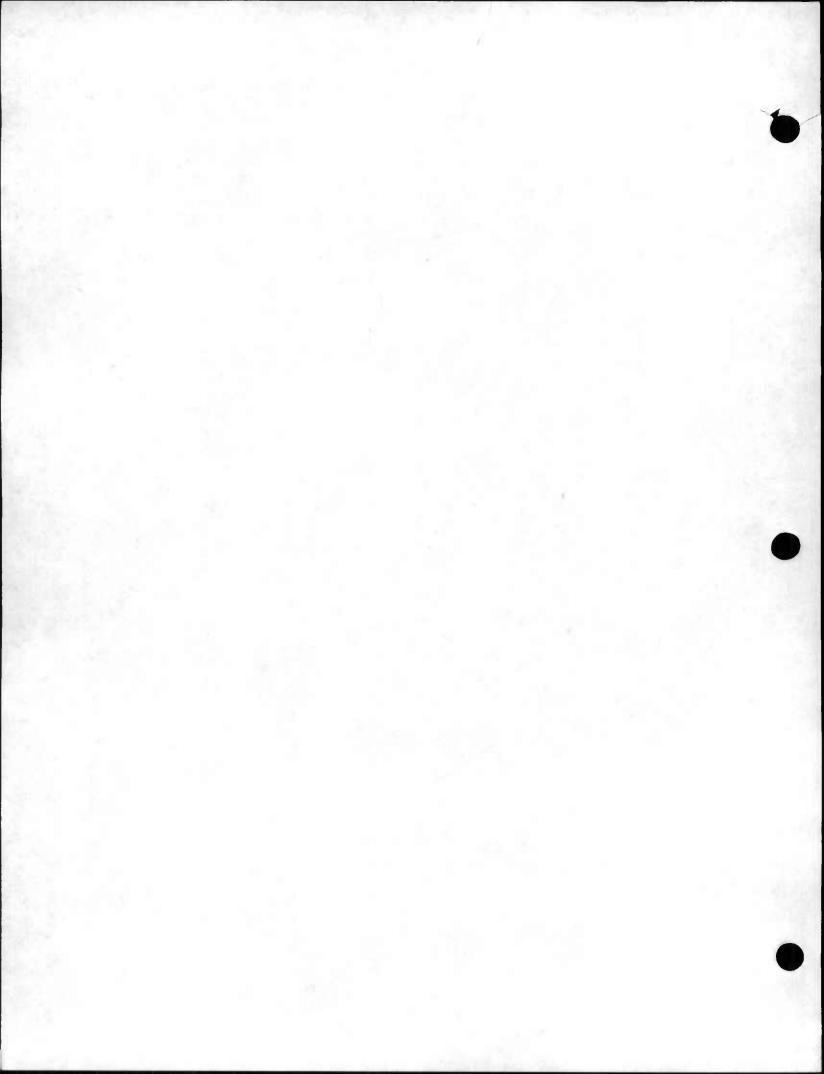
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SEE: # 86-36808 Name: - Byron Barker DOD: - 9-25-86

POD: Kent Co.



13146,
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OF
SION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

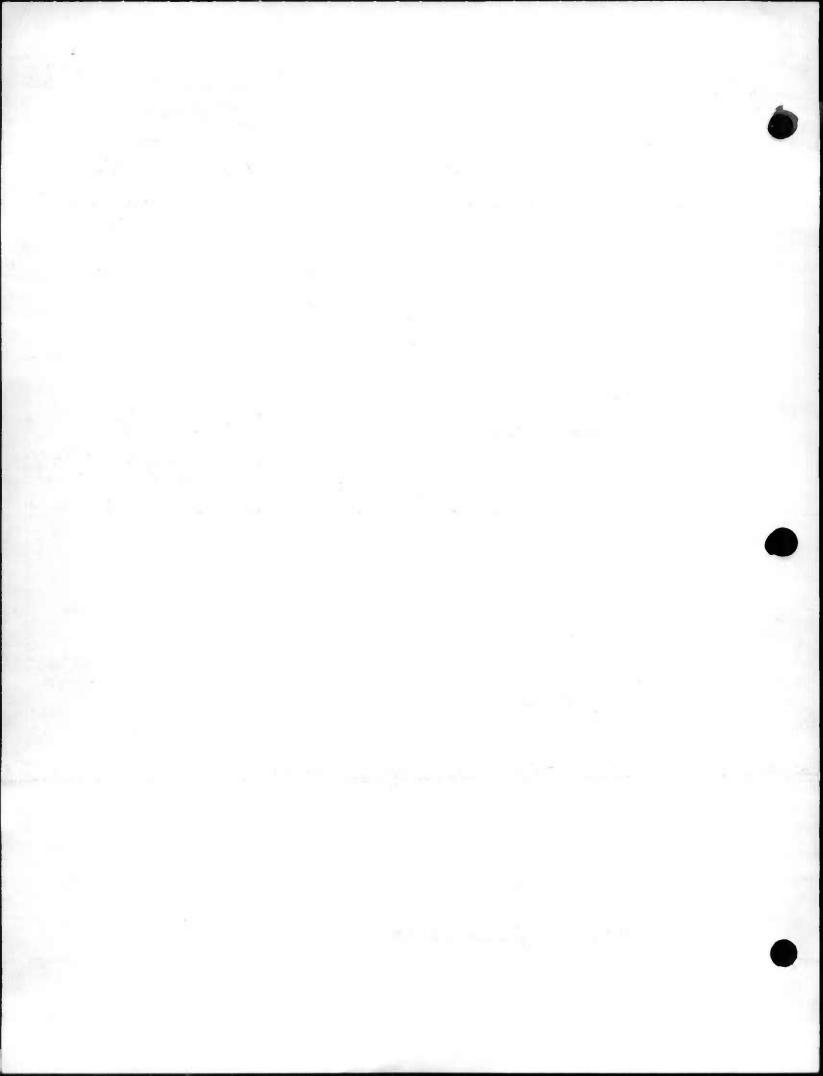
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN 90-37562

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT ERTIFICATE		MENTAL HYGIEN REG. NO.		3/502		
	1. DECEDENT'S NAME (First, Middle, Last)		U0		2. DATE OF DEATH		3. TIME OF DEATH		
	WILLIAM E		GREEN,		12 28	90	Ф4:10 PM м		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. Is	YRS. WONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2/ 6.8	BIRTHPLACE (State or Foreign		
_	9a. FACILITY NAME (If not institution, give str			TOWN OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH		
HOT.	NORTH ARUNDEL HOS	PITAL ASSOCIATI	ON GL.	EN BURNIE		A. A	A. COUNTY		
DIRECTOR	10a. STATE 10b. COUNTY	9.00.		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER	ir Rd		101. ZIP CODE	201	10g. CITIZEN	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR DATES	or No — 14.	14. RACE — American Indian, lines, White, etc.					
COMPLETED	16. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) //	ECEDENT'S LISUAL OC Give Aind of work done di in Co. MOT use retrect)	CUPATION uning mile of working	186. KIND OF BUS	INESS/INOUST	proposi		
	12. SATTHEN'S HAME (First, Micros, Laugh	seed,	ruck	18. MOTHER'S NA	ME (Fest, Michile, Myloyd	Summing			
BE	194/INFORMANT'S NAME (Type-Print)	7 1	B). MAILING ADDRESS	Three and Nugstar ou Russi	$a \searrow u$	M			
2	William XI	ell fe	290 5%	egging	ygidg	723	24		
	20s. MEDHOD OF DISPOSITION 1 © Martin 2 □ Cremation 3 □ Renot 4 □ Donation M□ Other (Specify)	val from State 266. FLACE	OF DISPOSITION (Non-	UL Vet	ran 200,00	KUTU	15Velle, 14		
	21. SIGNATURE OF FUNERAL SERVICE LIC	B. Coler 1	a. 79	AME AND ADDRESS OF FA	tid 9	级	17 Auc		
	23. PART I. Enter the diseasea, or cahock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the dilet only one cause on each lin	leeth. Do not enter to the Fallure	the mode of dying, such G-6 A cut	th as cardiac or reap Swks [*] e and C	ratory arrest Yrs Kron/c	Approximata interval Between Onset and Deeth		
_		GOVETO OR AS A CONSI							
ATIO	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DULY OR AS A CONSE	EOUENCE OF):						
	PART II. Other eignificant condition	a contributing to death but not	regulting in the un-	deriving cause given in	Part i. 24s. WAS AN	ALTOREY	24b. WERE AUTOPSY FINDINGS		
DICAL	medical 1	Von-complia		oonlying cause given in	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
M	1	use '					1 - YES 2 - NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	most contract				
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Minpatient 2 - ER/Outpatient	3 DOA 4 Num						
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT-WORK?	28d. DESCRIBE HOW	NJURY OCCUP	RED		
BY	2 Accident Investigation	26s. PLACE OF INJURY — At I	nome, farm, street, facts	1 YES 2 NO	28f. LOCATION (Street	and Number or	Rural Boute Number		
ETED	4 Homicide determined	building, etc. (Specify))	Number or Rural Route Number,				
COMPLETED	Correction only	CIAN: To the best of my knowledge, on the basis of examination end/o							
BE	296. SIGNATURE AND TITLE OF CENTIFIER David R	ien, mo		29c. LICENSE NU	11/1/20	29d. DATE S	IGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON AND ROGGEN, DAVID R.,	M.D./95 AQUAHA	EM 27) (Type, Print) RT ROAD.		3 - 7	. MARY:	LAND 21061		
	31. DATE FILED ANNI, Day, 4 m/ 1991	FUND TO A MANAGEMENT	andelle				3.001		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
LEND	DR: A	fter d	89
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CERTIFICATION

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FOR STATE REGISTRAR		STATE OF N	MARYLA		PARTMI FIFICA						HYGIEN				
1. DECEDENT'S NAME (First,	, Middle, Las	st)								2. DATE OF				3. TIN	ME OF OEATH
Maude					Mina	ard					October 28, 1990			6	:10 A.M.
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In	n yrs. last birtho						7. DATE OF				IPLACE (State or Foreign	
219-46-1941		1 🗌 M 2 💢F	99) YF	RS. MON	THE DA	MYS	HOURS	MIN.			1891	Mar	**	and
9a. FACILITY NAME (If not in	stitution, giv	e street and number)			9b.	CITY, TO	WN O	R LOCATIO	ON OF D	EATH		9c. COU	INTY OF D	HTAS	
7313 Cedar		nue			1	Tako	ma	Parl	k			Mon	tgom	ery	
RESIDENCE OF DEC	7														
10a. STATE	10b. COUR	HTY		10c.	c. CITY, TO	WN OR L	_OCATI	ION							INSIDE CITY LIMITS?
Maryland	Mor	ntgomery			Tak	coma	Pa	ırk						1 🛭	YES 2 NO
10e. STREET AND NUMBER							10f.	ZIP CODE	E			10g. CIT	ITIZEN OF WHAT COUNTRY?		
7313 Cedar	Avenu	1e						209	12			Unit	ted S	Staf	tes
11. MARITAL STATUS 1 XNever Married 2 3 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 X NO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Guban, Mexican, Puarto Rican, atc.) 1 YES 2 NO Specify: White					e, atc.				
	CEDENT'S ED	DUCATION ade completed)	2	16a. DECEDER	NT'S USU	AL OCCU	JPATIO	IN at of working	na	16b. KI	16b. KIND OF BUSINESS/INDUSTRY				
Elamentary/Secondary (0	1	College (1-4 or 5 +	+)	Iffe. Do N	nd of work o VOT use reti	ired.)	ny mes	N 6- 1101	w					J	
8				House	keep	eeper			Private (Domestic))		
17. FATHER'B NAME (First, M	fiddle, Last)							18. MOT	HER'S NA	AME (First, Middle, Maiden Surneme)					
DeWitt Mina	rd							Ret	ecc	a J. M	lay1e				
19e. INFORMANT'S NAME (7	Type/Print)			19b. MAI	ILING ADD	ING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
Rosalie McN	ish			731	L3 Ce	Cedar Avenue, Takoma Park, Mar				cylar	yland 20912				
20a, METHOD OF DISPOSIT		removal from State	20b.	PLACE OF OIL	ISPOSITIO	N (Name	of con	netery, cren	natory or		20c. LO	CATION -	- City or To	own, St	sta
4 Donation 5 Other		mover non suce		Deer P	ark	Cem	ete	ery			Dec	er Pa	ark,	Man	ryland
21. SIGNATURE OF TUNERA	1	LICENSEE #MOO				22. NAN	ME AN	NO ADDRES		al Hom			-		
Kolen	114	Duri	+									Oakl:	and,	Ma	ryland
23. PART I. Enter the d					Do not e	enter the	e mo	de of dy	ing, auc	ch as cerdie	c or respi	ratory si	rrest,		Approximate
shock, or h		re. List only one cau	ise on eac	ch line.											Interval Between Onset and Death
disease or condition resulting in desth) Respiratory Arr					crest	٤									Immediate

disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): End Stage Alzheimer's Disease Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2XXNO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 8 K Realdenca 8 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending trivestigation м 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a, CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the beele veatigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29K SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER

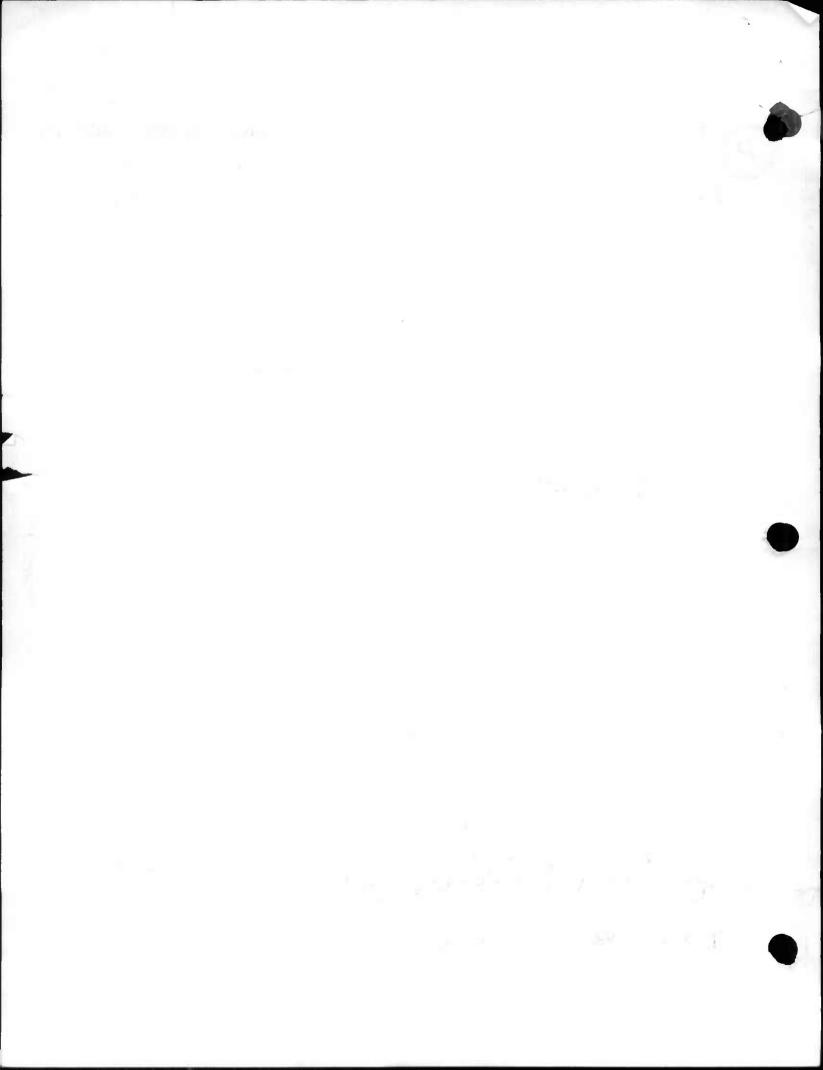
D 22028

29d. DATE SIGNED (Month, Day, Year) Oct. 30, 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Original

1902 R Street, NW, Washington, D.C. 20009 Paul S. Rhodes, M.D.

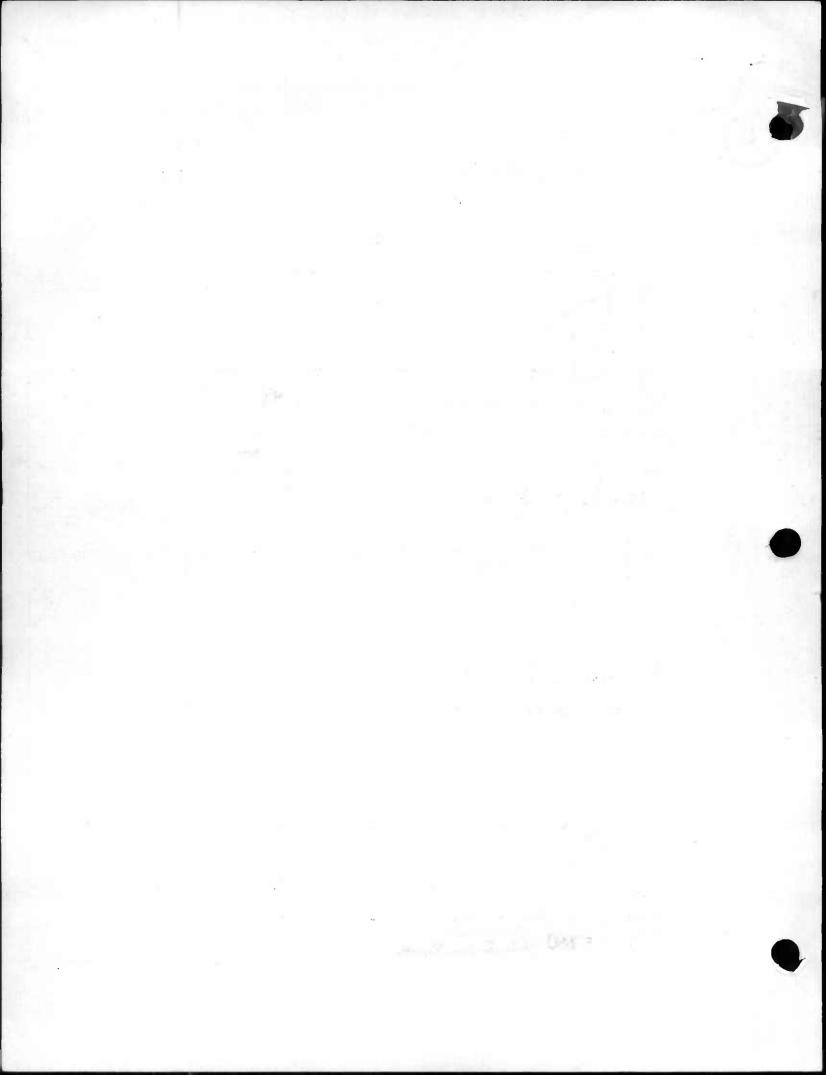
32. REGISTRAR'S SIGNATURE



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	be filed wit	IMPORTANT: If ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

32. REGISTRAR'S SIGNATURE
Suna Devidson Pandalle

REGISTRAR 1. DECEDENT'S NAME (First, Middle	, Last)			LITTE	ICATE OF	DEATH	REG.			3. TIME OF DEATH
Lola	Pear	1	MAR	TTN			MONTH	DAY	1990	
4. SOCIAL SECURITY NUMBER		SEX	6. AGE (In yrs. i		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			10:00 a NPLACE (State or Foreign
215-58-7016	1	□ M 2 🔀 F	82	YAS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yea		Coun	try)
9e. FACILITY NAME (If not institution	, give street	t and number)	02		9b. CITY. TOWN	OR LOCATION OF D	March		OUNTY OF	st Virginia
Dennett Road M	anor		g Home		0akla				Garre	
10e. STATE 10b. 0	COUNTY			10c. Cr	TY, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
Maryland	Garı	cett		C	akland					1 X YES 2 NO
10e. STREET AND NUMBER					10	of, ZIP CODE		10g. (CITIZEN OF	WNAT COUNTRY?
1026 E. Oak	Stree	et				21550			USA	
11. MARITAL STATUS	12	. WAS DECEDEN				CENDENT OF HISPA	NIC ORIGIN? (Specif		- 14. RAC	E American Indian.
1 Never Merried 2 Merrie	d	IF YES, GIVE V	YES 2 WAR OR DATES	SNO		pecify Cuban, Mexic S 2 XNO Speci	an, Puerto Ricen, etc. lfy:)	Spe	ck, White, etc.
3 X Widowed 4 Divorced										White
15. DECEDENT (Specify only highes			1 1 1 1 1 1 1 1 1 1	(Give kind of	S USUAL OCCUPATE	ION lost of working	16b, KIND OF	BUSINESS	INDUSTRY	
Elementary/Secondary (0-12)	(College (1-4 or 5		fe. Do NOT	use retired.)					
7th				Hou	sewife	7.1		Home		
17. FATHER'S NAME (First, Middle, L.	ast)					16. MOTNER'S N	AME (First, Middle, Me	iden Sumem	0)	
Cecil	Zedo	ly	Ram	sey		Ethel				Friend
19e. INFORMANT'S NAME (Type/Prin	nt)			19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State,	Zip Code)	
Sharon A. Arno	ld			1014	E. Oak	Street	Oakland,	Mary	land	21550
20a. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3	Semova	I from State	20b. PLAC	E OF DISPO	SITION (Name of or	emetery, crematory or	200	LOCATION	— City or T	own, State
4 Donation 5 Other (Specif			_		nd Cemet	ery	0.	aklan	d, Ma	ryland
21. BIGHATURE OF FUNERAL GERN	TICE LICEN	DEE IN								
	- 0	INI	0			AND ADDRESS OF F	ACILITY			
23. PART I. Enter the disesse	es, dr con	nplications the	et caused the	desth. Do	Ste	wart Fur South Se	neral Home	e eet	0akla	nd, MD 215
23. PART I. Enter the disease shock, or heer for iMMEDIATE CAUSE (Final disease or condition resulting in death)	s, or con ellure. Lie	Sudden	ise on each il	pulmo	Ste 32 not enter the m	ewart Fur South Se ode of dying, su	neral Home	eet espiratory	0akla srrest,	nd, MD 215 Approximate interval Betwee
shock, or heert for iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditione, if any, leeding to immediate	se, or con pollure. Lie	Sudden	cardio	pulmo	Ste 32 not enter the monary ar:	ewart Fur South Se ode of dying, su	ACILITY neral Home cond Str ch es cardiec or r	eet espiratory	0akla srrest,	nd, MD 215 Approximate interval Betwee
shock, or heert for immediate cause. Enter UNDERLYING CAUSE (Disease or injury in the cause. Enter UNDERLYING CAUSE (Disease or injury immediate cause.)	s, or con ollure. Lie s b	Sudden DUE TO	cardio	PULMO	Ste 32 not enter the m Onary ar:	ewart Fur South Se ode of dying, su	ACILITY neral Home cond Str ch es cardiec or r	eet espiratory	0akla srrest,	nd, MD 215 Approximate interval Betwee
shock, or heert for iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING	s, or consiliure. Lie	Sudden DUE TO	cardio (OR AS A CONS	PULMO	Ste 32 not enter the m Onary ar:	ewart Fur South Se ode of dying, su	ACILITY neral Home cond Str ch es cardiec or r	eet espiratory	0akla srrest,	nd, MD 215 Approximate interval Betwee
shock, or heer for immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death)	s b c d	Sudden DUE TO DUE TO	CARDIO COR AS A CONS (OR AS A CONS (OR AS A CONS	PULMO	Ste 32 not enter the m Onary ar: OF):	ewart Fur South Second of dying, su	ACHLITY DETAIL HOME COND Street or recorded or recorded to record	eet espiratory	0akla srrest,	nd, MD 215 Approximate interval Betwee
shock, or heer for immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significent conditions.	b c	Sudden DUE TO DUE TO Contributing to	CARDIO COR AS A CONS (OR AS A CONS (OR AS A CONS	PULMO	Ste 32 not enter the m Onary ar: OF):	ewart Fur South Second of dying, su	ACILITY neral Home cond Stre ches cardiec or r robably a	eet espiratory n arr	Oakla errest,	Approximate interval Betwee Onset end Dec immedia
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STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

DEFFERSON

6. AGE (In yrs. last birthday)

YRS.

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44164010 funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Hon RESIDENCE OF DECEDENT more 10s. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MO tmon 1 YES 2 NO timom 100. STREET AHD NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUHTRY? 3 Ham 23 urs after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IH U.S. ARMED FORCES? 1X YES 2 HO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indien, Black, White, etc. 11. MARITAL STATUS 2 Merried 1 Never Merried 1 TYES 2 NO Specify: BY White 3 Widowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATIOH
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade comple 16b, KIHD OF BUSINESS/INDUSTRY (So Elementary/Secondary (0-12) Breadman Bakery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Leavy Jefferson notified at Minnie Viola Waters BE 19s. IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Bonnie Blouir Jefferson 2423 Harriet Ave. Baltimore 2 20c. LOCATIOH — City or Town, State $N \cdot C$. 20s, METHOD OF DISPOSITIOH
1 X Burisl 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must 4 Donetion 5 Other (Specify) Oakdale Cemetery Washington-Beaufort examiner 21. SIGNATURE OF FINNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Larry Kinsey NC been signed by the attending physician and completely filled in by the . It of Health and Mental Hygiene prior to burial, cremation, or removal. medicai 23. PART i. Enter the diseases, or complications that ceused the death. Do not snter the mode of dying, such as cerdisc or respiratory errest, shock, or heart fellure. List only one ceuse on each line. **Approximats** Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition mac event, resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE O If sny, leading to immediate cause. Enter UNDERLYING certificate be OP CRIF HTN. CAUSE (Disease or Injury injury, or other DUE TO (OR A A CONSEQUENCE OF that initieted events resulting in death) LAST that the death PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINDS MEDICAL PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 YES 2 NO requires 1 | YES 2 | HO q. After this certificate has been in death with the State Dept. of is marked, or item 23 sh PHYSICIAN: AM. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) The EXAMINER? HOSPITAL:
1 Impatient 2 - ER/Outpatient 3 - DOA OTHER: OR ATTENDING PHYSICIAN: me 6 - Residence 8 - Other (Specify) 4 🗌 Hu 27. MAHNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. IHJURY AT WORK? 28d. DESCRIBE HOW IHJURY OCCURED 26b. TIME OF 28 is marked, 1 Natural 1 YES 2 HO L DIRECTOR: After the hours after death BY 2 Accident 28e. PLACE OF IHJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 1 Sulcide COMPLETED 8 Could not be 4 Homicide item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner as stated. TO THE FUNERAL I be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMIHER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner as stated. 29b. SIGHATURE AND TITLE OF CERTIFIER 29c. LICEHSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE THE 2 36. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ARROR HOSPITA ALA **DHMH-16 Rev 1/89**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

90-37565

8. BIRTHPLACE (State or Foreign

REG. NO.

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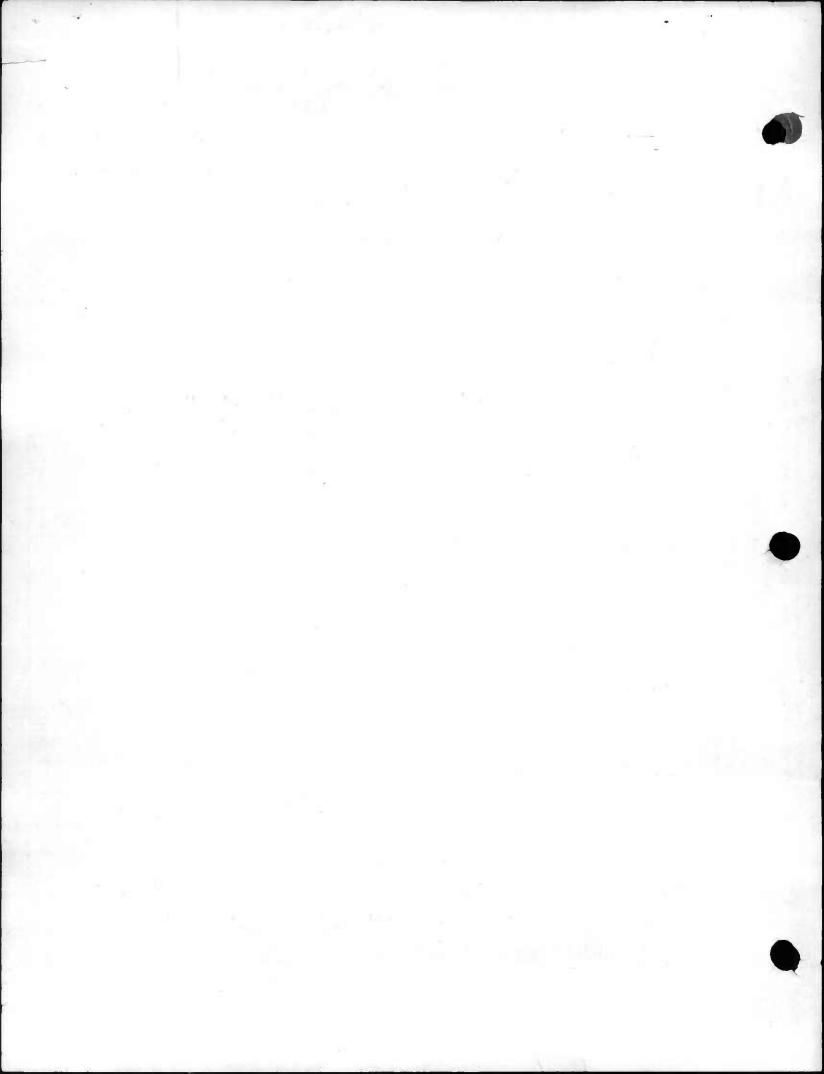
2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year

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OF VITAL RECORDS, P.O. BOX 13146,	
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A SOCIAL SECURITY NUMBER		ey Rita	Dit.		0.00m A			DATE OF BIRTH	DAY	YEAR 90	3. TIME OF DEATH
I. SOCIAL SECURITY NUMBE	an a	1 M 2 F	8. AGE (In yrs. last	YRS. MON	THE DAYS		MIN.	(Morith, Day, Year)	100	S. BIRTH Count	PLACE (State or Foreign
90. FACILITY NAME (If not ins	titution, give str	reet end number)		9b.	CITY, TOWN	-	1		9c. COL	INTY OF D	EATH O
Singi H	2 pit	al		- 1	Balta	more	2				
RESIDENCE OF DEC	EDENT 10b. COUNTY										
MD	IOB. COUNTY	D-1+:	PRO 10 0	10c, CITY, TO	DA UST	A					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		Balti	more	NAME .		I. ZIP CODE			10a, CIT	IZEN OF Y	1 YES 2 NO
15 PIMA	CT.	No South			- 40	211	25			ISA	
NARITAL STATUS Never Married 2 1 Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 IF YES, OIVE WAI	YES 2 N		If yee, sp	CENDENT OF	HISPANIC Mexican, F	ORIGIN? (Specify Juerto Rican, etc.)	Yee or No-		E — American Indian, k, White, etc.
	DENT'S EDUC		18e, DEC	CEDENT'S USUA	AL OCCUPATI	ON of working	-	16b, KIND OF E	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-	1	College (1-4 or 5+)	life.	Do NOT use reti	(red.)	ost of working		100			
17. FATHER'S NAME (First, Mic	oldle, Last)					18. MOTHE	R'S NAME	(First, Middle, Maid	den Surname)		
	Edward	d Joseph Di	tzel			G	AXILE	Lola Si	illery		
94. INFORMANT'S NAME (7)				MAILING ADD	A AT			Number, City or 1	1	ip Code)	
200. METHOD OF DISPOSITION	ON _			OF DISPOSITIO	N (Name of ce				LOCATION -	- Cify or Je	own, State
1 □ Burial 2 🕏 Cremation 1 □ Donation 5 □ Other		oval from State	other pla	SINA	1. A	03P.	TAC	_	Bu	200	an o
21. SIGNATURE OF FUNERAL					22, NAME A	ND ADDRESS	OF FACIL	TY			M
23. PART I. Enter the dis ahock, or he IMMEDIATE CAUSE (Fin- disease or condition	seases, or co	List only one cause	ceused the de e on each line		enter the mo			PBC LV			Approximate Interval Between
23. PART I. Enter the disahock, or he IMMEDIATE CAUSE (Fin-	seases, or cleart fellure. Leart fel	DUE TO (C	ceueed the de	ETALI DUENCE OF): ABRI DUENCE OF):	onter the mo	ode of dyln					Approximate Interval Betwee Onaet and De
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23. PART I. Enter the diahock, or he inhock, in any, leading to immediate. Examines in death) LAST PART II. Other algnifices or he inhock, in	ona, liete NG control on MEDICAL Pending	DUE TO (C	ceueed the de- e on eech line. ROPS POR AS A CONSECT OR AS A CONSECT DR AS A CONSECT D	DUENCE OF): DUENCE OF): DUENCE OF):	26. P	ode of dyln	ven in Pe	rt i. 24a. WAS PERF 1 YES	AN AUTOPSY FORMED?	244	Approximate Interval Betwee Onaet and De. Service Serv
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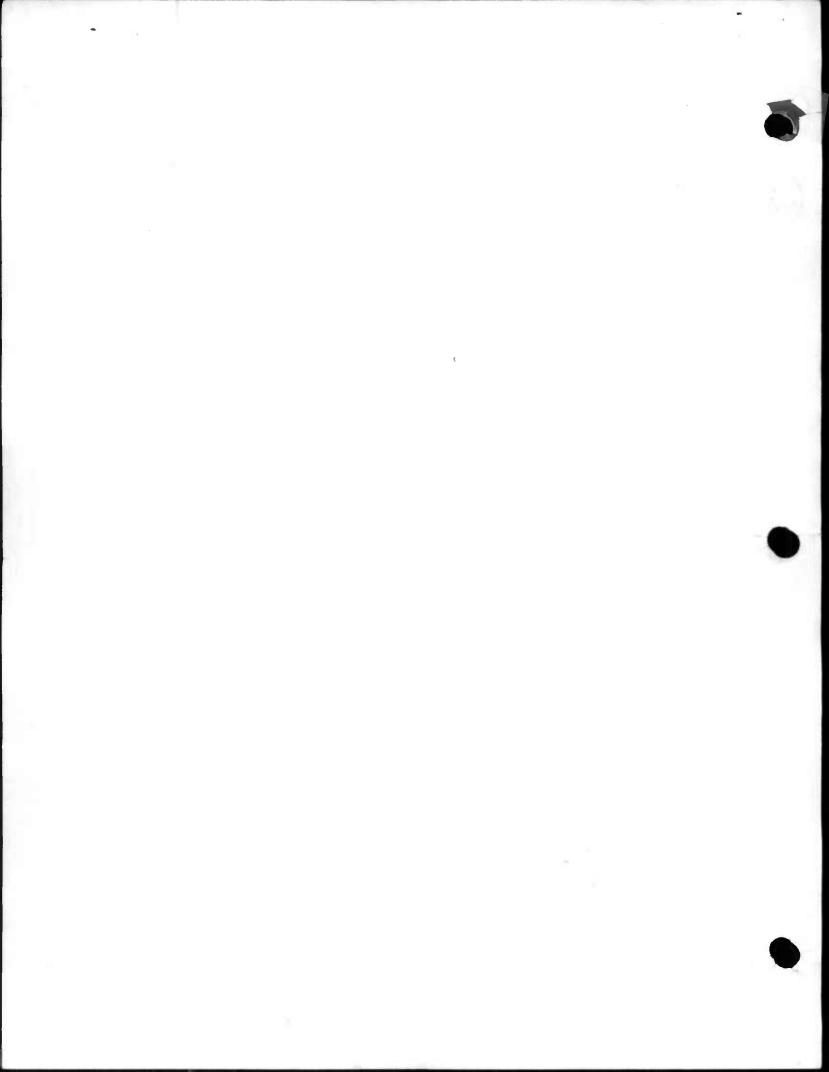




ALTIMORE, MARYLAND 21203-3146	6 may be retained by the hospital or attending physician.	ctor, page 5 should be detached for use as the burial-transit permit. Process 2.3 structures	nust be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Perset field within 72 hours after death with the State Dept. or Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 90-37567
	1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH MONTH OAY YEAR M M
	4. SOCIAL SECURITY NUMBER S. SEX AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. OMNTHS DAY'S HOURS MIN. YRS. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. (Morth, Dey, Year) A B. BIRTHPLACE (State or Foreign Country) TOWNSHIP OWNTHS DAY'S HOURS MIN.
E I	9a. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Si Nai 1705 pital Baltimure MD Baltimure
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
DIRI	Md. Howard Mt. Airy 1 ☐ YES 2 ☐ NO
RAL	100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuben, Mexican, Puarto Rican, etc.) 16. RACE — American Indian, Black, White, etc. 17. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuben, Mexican, Puarto Rican, etc.)
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6 +) Real DECEDENT'S USUAL OCCUPATION (Give Ident of work done during most of working life. Do NOT use retired.) 16a. DECEDENT'S USUAL OCCUPATION (Give Ident of work done during most of working life. Do NOT use retired.)
SOMI	17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Malden Surname)
BE (John Hahn Norma Guthrie 196. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
욘	Hospital Charts/Birth certificate
	20e. METHOD OF DISPOSITION 1 Burlal 2 (Cremation 3 Ramoval from State 20b. PLACE OF DISPOSITION (Name of cametory, crematory or other place)
	4 Donation 5 Other (Specify) D(VA / HOSP, TAC BROWN BY STATE BY SPECIAL SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	+ 3 INWI HOSPITAL 2401 W. BULLED GUE AND
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abook, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):
NOI	Sequentially list conditions, If any, leading to immediate b. UX Full pulse of (OR AS A CONSEQUENCE OF):
CERTIFICATION	couse. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):
SAL C	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO
MEDIC	1 YES 2 NO COMPLETION OF CAUSE OF DEATH?
AN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
PHYSICIAN:	EXAMINER? 1 VES 2 NO HOSPITAL: 1 No impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
ву РН	27. MANNEP OF OEATH 1 Netural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Dey, Year) 28e. INJURY AT WORK? 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCUREO
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated.
TO BE (296. SIGNATURE AND STITLE OF CERTIFIER AREA STORMAN AND SIGNED (Morith, Day, Volar) 8-11-90
	30. NAME AND ADAPESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Rules Fairchild Dust of Pediatrics, JHH N. Wolfe St Baltimose 31. Date Filed (Month, Day, WADD 4 1 22 DECISTRATE SIGN TUBE)
	8-11-901 1 11991 8000

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BALTIMORE, MARYLAND 21203-3146	be executed within mours after death. Page 6 may be retained by the hospital or attending phy	
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DIVISION OF VITAL RECORDS, P.O. BO

use as TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Frous after death. Page 6 may be retained by the hospital or TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

PHYSICIAN: MEDICAL CER

BE COMPLETED BY

2

27. MANNER OF DEATH

1 Natural

2 Accident

3 🔲 Buicide

29a. CERTIFIER (Check only one)

4 Homicide

ľ	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	RTMENT	OF H	EALTH AND I		YGIENE	90	-3	75	68
	1. DECEDENT'S NAME (First, Middle, Last							2, DATE OF D	EATH DAY		YEAR	3. TIM	E OF DEATH
	Baby Girl Mpasi								9		90	2.	3-55 m
	4. SOCIAL BECURITY NUMBER	6. SEX	6. AGE (In yrs. I	net birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS MIN.	7. DATE OF BI (Month, Day	18TH 19 / 90		6. BIRTH Countr	y)	(State or Foreign
5	9a. FACILITY NAME (If not institution, give Washington RESIDENCE OF DECEMENT	alling a second second		ΔĒ			Park					nteomery	
Dinector	10a. STATE 10b. COUN		mery	10c. CI	Silv		on Spring					L	ISIDE CITY IMITS? 2 \(\) NO
	100. STREET AND NUMBER 3904 Tynewick Dr	e)¢				101	ZIP CODE	06			SA	WHAT CO	OUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDER	NT EVER IN U.S. A I YES 2 WAR OR DATES	ARMED NO	If If	yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specif	NIC ORIGIN? (Sp in, Puerto Ricen	ecify Yea (14. RACI Blac	E — Ame k, White	
COMPLETIED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY										
	17. FATNER'S NAME (First, Middle, Last)						16. MOTHER'S NA		Maiden S Mpasi				
10 00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)						ip Code)				
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	20b. PLAC other	PLACE OF DISPOSITION (Name of cemetery, cremetory of other place)					20c. LOC	ATION -	- City or To	own, Sta	rte	
	21. BIGNATURE OF FUNERAL BERVICE		22, N	AME A	ND ADDRESS OF FA	CILITY							
	23. PART I. Enter the disesses, pahock, or heart failur immediate CAUSE (Final disease or condition resulting in death)		use on each li	na.									Approximata Intarval Batween Onset and Death
TIFICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												

24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 VES 2 INO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 D NO 26. PLACE OF DEATN (Check only one) HOSPITAL: 1 ☑ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TES 2 NO

OTHER:
4 | Nursing Name 5 | Residence 6 | Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as ateled.

28b. TIME OF INJURY

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) bramanian MD Chysica 11-9-90

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) Vijay Subramanian

7610 Carroll Ave. Takoma Park, MD 20912

32-REGISTRAP'S SIGNATURE 31. DATE FILED (Month, Day, Year)

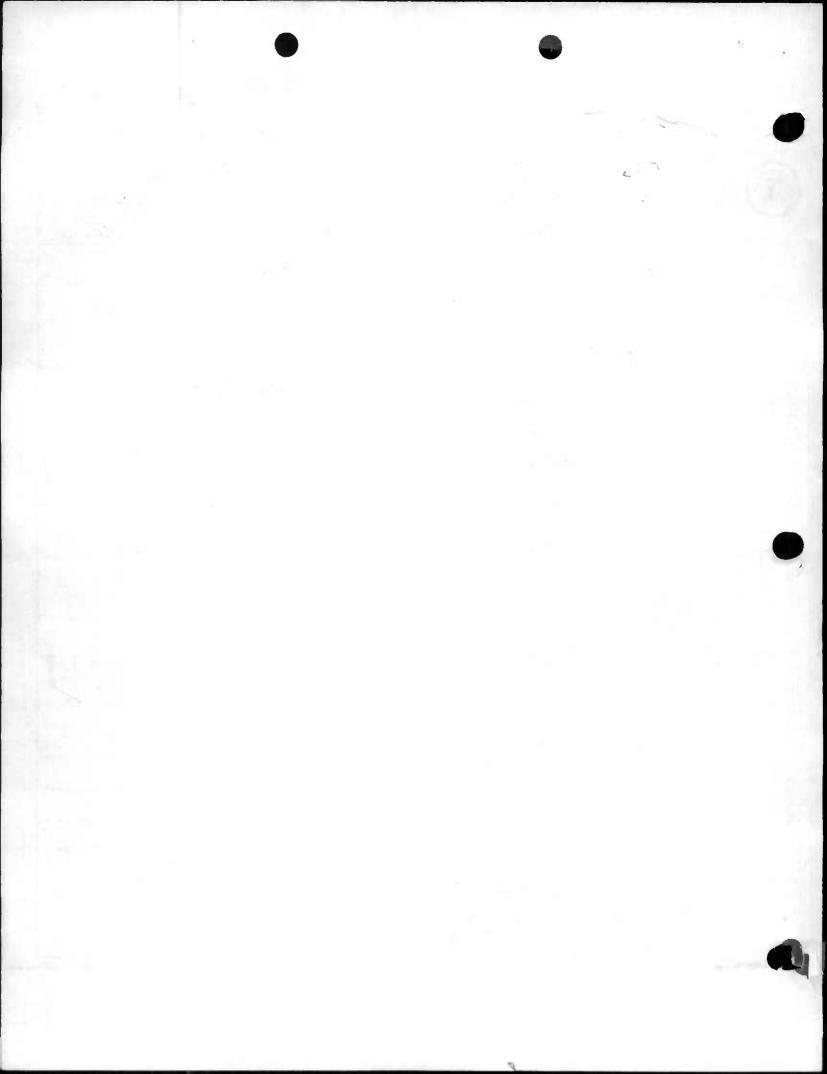
26e. DATE OF INJURY (Month, Day, Year)

d. .

6 Pending Investigation

8 Could not be detarmined





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BALTIMORE, MARYLAND 21203-3146	attending	
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	ficate be executed within a sours after death. Page 6 may be retained by the hospital or attending phy	on states and assessed filled in he she known states Estated to describe a second as
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BOX 13146,	executed	and han
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늄 be notified must examiner medical cremation, or event, the been signed by the attending physician and con nt. of Health and Mental Hygiene prior to burlal, other traumatic 0 requires that the death Injury, shows any certificate has be in the State Dept. WE 23 ATTENDING PHYSICIAN: The item 10 with t marked, TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR: After thi be filed within 72 hours after death wi IMPORTANT. If Item 28 is marki

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DIVISION OF VITAL RECORDS,

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED

COMPL

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FOR STATE REGISTRAR		STATE OF M	MARYLAND /		MENT OF			MENTAI	HYGIEN	7//	-3	7569
1. DECEOENT'S NAME (Firs	t, Middle, Last)							2. OATE	OF OEATH			3. TIME OF DEATH
Peckoo, Ba	by Gir	1/ Marle	ne					MONTH 11	07		90	0540 A M
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. in:		IF UNDER 1 YEA		R 24 HRS.	7. OATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
		1 M 2 💢 F		YRS.	MONTHS DAY	B HOURS	MIN. 25		7-90			" timore
9e. FACILITY NAME (If not i	Institution, give s	street and number)			9b. CITY, TOW	N OR LOCAT		EATH		9c. COUN		
Sinai Hosp	ital o	f Baltimo	ore		Baltim	ore C	ity			Balt	imo	re City
10e. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
Md.				Bal	timore							1 YES 2 NO
10e. STREET AND NUMBER	3					10f. ZIP COO	E			10g. CITIZ	ZEN OF Y	VHAT COUNTRY?
3717 Towanda	Ave.					21	215					
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Olv		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES 2 K		If yes,	SECENOENT Specify Cub	en, Mextce	in, Puerto I	?? (Specify Yes	or No-	Black	- American Indien, c, White, etc. hy: Black
15. DE	CEOENT'S EOU	ICATION completed)	16a. Ol	ECEOENT'S L	JSUAL OCCUP	ATION most of work	ina	16b.	KINO OF BU	SINESS/INO	USTRY	
Elementary/Secondary		College (1-4 or 5	- 44	. Do NOT use	retired.)							
17. FATHER'S NAME (First,	Middle, Last)					18. MOT		ne Pe	Widdle, Maiden CKOO	Surname)		
190. INFORMANT'S NAME	(Type/Print)		19	b. MAILING	ADDRESS (Stre	et and Numbe	or Aural	Aoute Numi	ber, City or Tow	n, State, Zip	Code)	• • • • • • • • • • • • • • • • • • • •
Birth certifi	icate											
20e. METHOD OF OISPOSI 1 Burlet 2 Cremet 4 Donation 5 Other		noval from State	20b. PLACE other_p	OF OISPOSI	ITION (Name of	cometery, cre	_			CATION —	RA	O ASD
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE			22. NAME	AND AOOR	SS OF FA	CILITY	LVE			1
→ +11	1A'	HOSP	The		27	09/	10	pi	-CV8	05K	5 1	tue-
· ·	heert fellure.	complications the List only one ce			ot enter the	mode of dy	/ing, suc	h ae cerd	dlec or reep	iratory arr	est,	Approximate interval Between Onset and Death
iMMEDIATE CAUSE (Find disease or condition reculting in deeth)	inel	Cardio	orespira	tory	arrest							25 minutes
250-300-300-300-311-20-3		DUE TO	(OR AS A CONSE	QUENCE OF):							
Sequentielly list condi if any, leeding to imm cause. Enter UNDERLY	edlete YING		ne <u>prema</u> (OR AS A CONSE									3 hours
CAUSE (Disease or in that initiated events resulting in deeth) LA		OUE TO	(OR AS A CONSE	OUENCE OF):							
PART II. Other signific	cant conditio	ne contributing to	death but not	resulting l	n the underl	ying couse	given in	Pert t.	24a. WAS AN PERFO	RMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO ng Home 5 - Reeldence 6 - Other (Specify) 27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 2Sb. TIME OF INJURY 12 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 291. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide S Could not be 4 Homicide

29e. CERTIFUER
(Check only 1 _ CERTIFUING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my optnion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.

296. SIGNATURE AND TITLE OF CERTIFIER
NULLMA ROGAVAN 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Teonatologist D-38265 11-7-90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

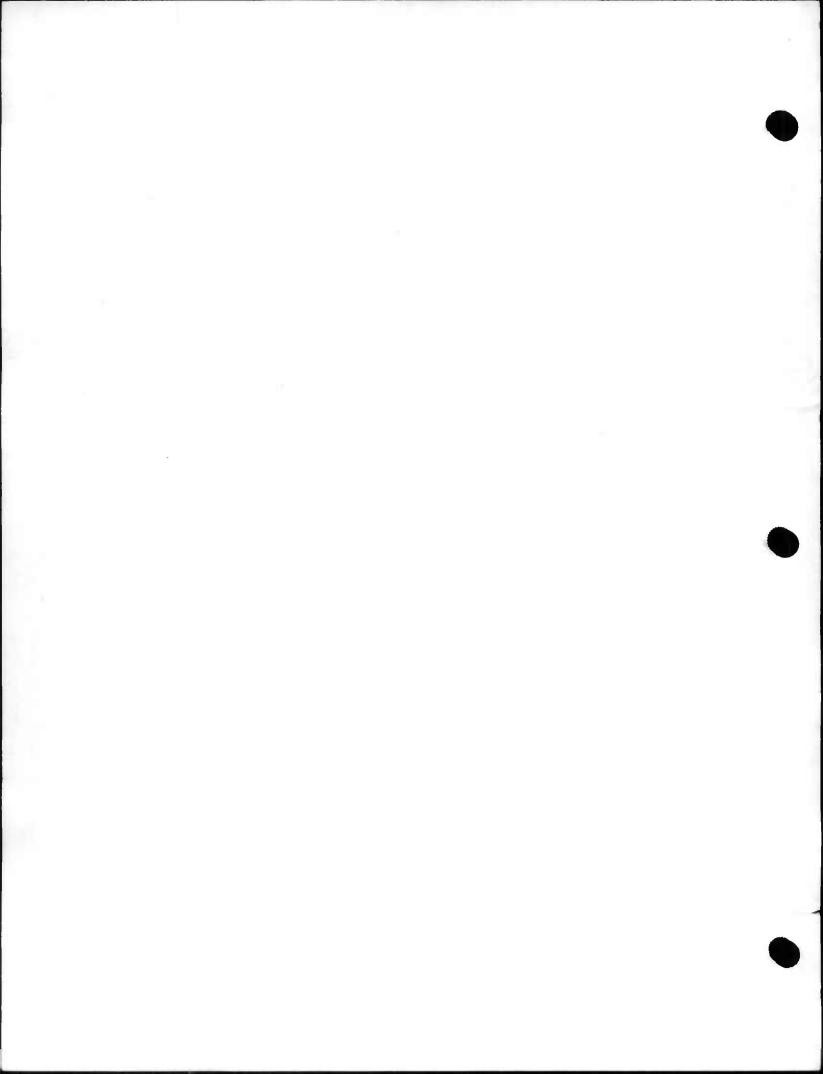
Baltimore, Md. 21215

Sinai Hospital of Baltimore, 2401 W. Belvedere Ave Nilima Ragavan, M.D.

32 REGISTRAMS SIGNATURE

OHMH-16 Rev 1/89

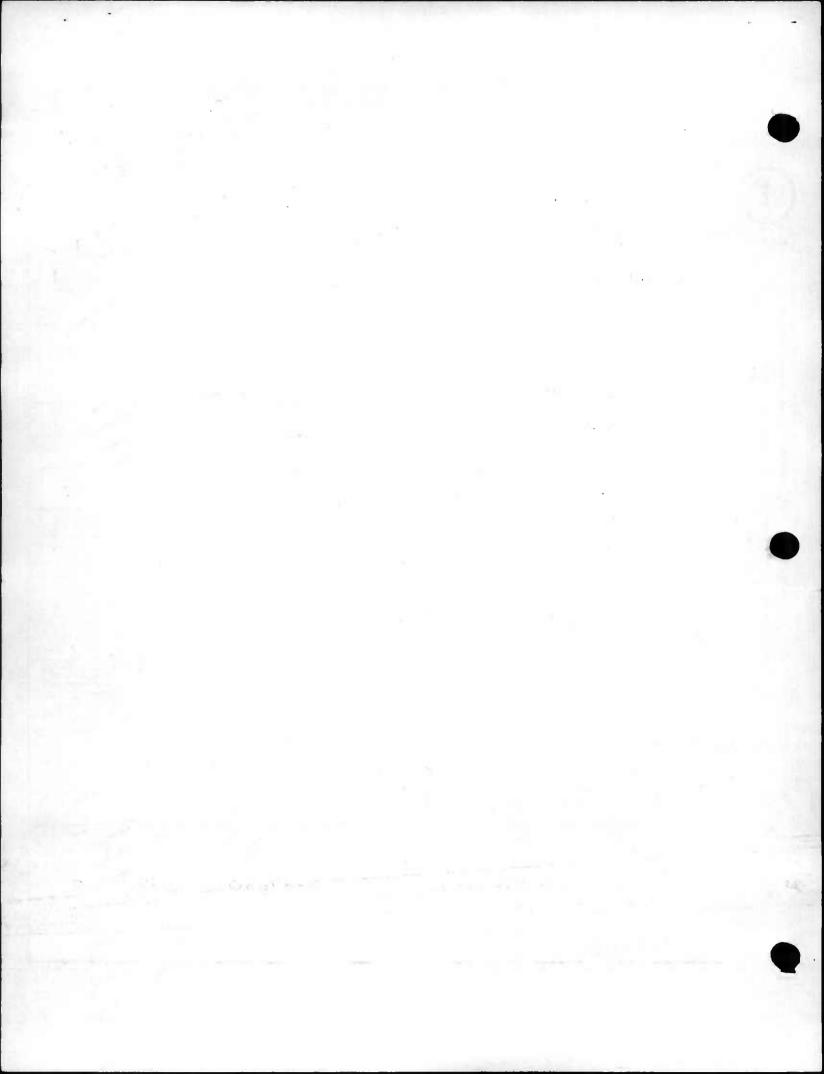




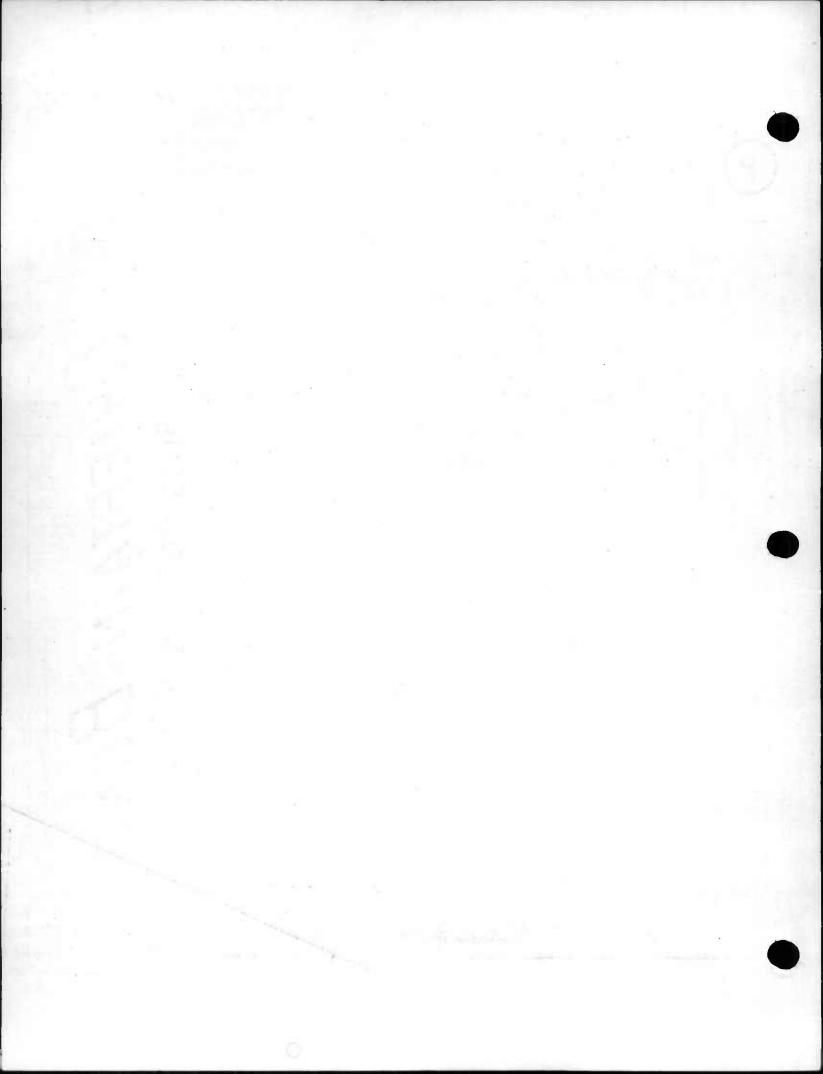
ay be retained by the hospital or attending physic	page 5 should be detached for use as the burial	be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlab he find within 72 hours after death with the State Doot, of Health and Mental Hoolene orior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MA			OF HEALTH AND		GIENE 90	-37570
1. DECEDENT'S NAME (First, Middle	is Booby be	Stephen AGE (In yrs. last birtho		illis, Jr.	2. DATE OF DEMONTN 10 7. DATE OF BIR	14 9 TN 8	3. TIME OF DEATH 0550 M BIRTNPLACE (State or Foreign
90. FACILITY NAME (If not institution	give street end number)	YR		TOWN OR LOCATION OF	DEATH	9c. COUNTY	Y OF DEATN
Md.	OUNTY	10c.	CITY, TOWN O	DR LOCATION MORE	T TILES		tod. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 2704 Chelsea Terri 11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDENT E	YES 2 NO		10f. ZIP CODE 21216 WAS DECENDENT OF NISE If yes, specify Cuben, Mex 1 YES 2 NO Spe	cen, Puerto Ricen, e	olfy Yee or No — 14	I. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT (Specify only highes		(Give kind	NT'S USUAL O d of work done OT use retired.)	CCUPATION during most of working	16b. KIND	OF BUSINESS/INDUS	зтну
19e. INFORMANT'S NAME (Type/Prin	Will's Louis	Willis, Sr.		18. MOTNER'S	NAME (First, Middle, M	Fillis KOV	ette Moore
Birth Cer 20e. METNOD OF DISPOSITION 1 Burlel 2 Cremetton 3 4 Donetton 5 Other (Speed)	☐ Removal from State y)	20b. PLACE OF DE other place)	VAI	me of cemetery, cremetory of	_	BAL	To mo
21. SIGNATURE OF FUNERAL SERVING A S	Hospin						RE AVE
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	Flo Hyp	AS A CONSEQUENCE	Lung	ceks mhare X	7 weeks		Interval Between Onset and Death
PART II. Other algolificant col	nditions contributing to de	sth but not result	ing in the u	nderlying ceues given	F	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 Inpatient 2 E	R/Outpatient 3 🗆 Do	OTHE	28. PLACE OF OEATN (ffy)	
2 Accident Investig	getion 28e, PLACE OF II	JURY 28b	TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO		NOW INJURY OCCU	
one)	PNYSICIAN: To the best of my	knowledge, death or	courred at the	time, date end place, end c	City or Town	i, State) and menner as stated	. 18
296. SIGNATURE AND TITLE OF CE	Much y	un)		29c. LICENSE N		29d. DATE 5	SIGNED (Month, Day, Year)
30. NAME AND AGORESS OF PERS	ON WHO COMPLETED CAUSE		(Type, Print)				

61965 P



	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	-37571
	1. DECEDENT'S NAME (First, Migdle, Last) FLANK	FARL	ow		YEAR 3. TIME OF DEATH
(P)	4. SOCIAL SECURITY NUMBER 900-20-1934	5. SEX 8. AGE (in yrs. lest birthdey) 1 M 2 F 73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 6-10-17	Country) Md (
1. 2, 3 Ino	90. FACILITY NAME (If not institution, give s PENINSULA GENERA RESIDENCE OF DECEDENT		SALISBURY		OMICO
Page 1	10a. STATE 10b. COUNT	-	Alisbury		10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
n. ansit permit.	100. STREET AND NUMBER 439 PATRICK	AJR	10/. ZIP CODE 2/88	,	N OF WHAT COUNTRY?
03-3146 attending physician. se as the burial-transit ED BY FUNEF	1 Name Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2: NO. IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISP If yes, specify Cuban, Mexi 1 YES 2 NO Specific	can, Puerto Rican, etc.)	4. RACE — American Indien, Bleck, White, etc. Specify: DCK
212 oital or d for u	15. DECEDENT'S EDU (Specify opty-highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) (Give kind of wife, Do NOT use	USUAL OCCUPATION rork done during most of working gretined.)	C ON STRUC	STRY
LAP by the be det	17. FATNER'S NAME (First, Mickello, Last)	FARLOW		IAME (First, Middle, Melden Symame) H4 WEST FA	Telow
MARY be retained age 5 should be notified TO BE	190. INFORMANT'S NAME (Typo/Print))ALR 196. MAILING 4-25	ADDRESS (Street and Number or Plure PATRICK	AVE SALIS r	21801
M 60 cr	20a. METHOD OF DISPOSITION 1 Denation 8 Of Specify)	oval from State WissToU!	TION (Name of cornetery, crematory of R.P. CRMRTZ	cy tocomot	ry or Town, State R Md
SALTII death. P e funeral al.	21. SIGNATURE OF FUNERAL SERVICE LIE	- Foch	Seeks 7/	A PEB 1574	Salis, md.
within cours aft pletely filled in by cremation, or removent, the medica	23. PART I. Enter the diseases, prehock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e	arrest	ch ee cardlec or respiratory arre	Approximate Interval Between Onset and Death
. O. BOX 13: certificate be execunding physician and Hygiene prior to bur or other traumatic	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF			
ECORDS, I equires that the desen signed by the at of Health and Mentithows any injury, MEDICAL C	Metastatio	Carcinena Setroperitored h	he was given in he was given in he was from the star of	n Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
The lar te has te beg te Degrate Degrate CIA!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Pinpatient 2 ER/Outpatient 3 DOA	28. PLACE OF DEATH (
OF N	27. MANNER OF DEATN 1 Neturel 5 Pending	26e. DATE OF INJURY 26b. TIM	4 Nursing Home 5 Residence E OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCU	PRED
TTENDI TOR: A after d after d	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At home, ferm, a building, etc. (Specify)	street, factory, office	281. LOCATION (Street and Number of City or Town, State)	r Rural Floute Number,
The same of the sa	and only	ICIAN: To the best of my knowledge, death occurre ER: On the bests of examination end/or investigation			
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	296. SIGNATURE AND TITLE OF CERTIFIE	S. / ham	HD 29c. LICENSE N	20050 29d. DATE	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WAS STATED TO THE PROPERTY OF T	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Salishoung M	02/50/	/



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

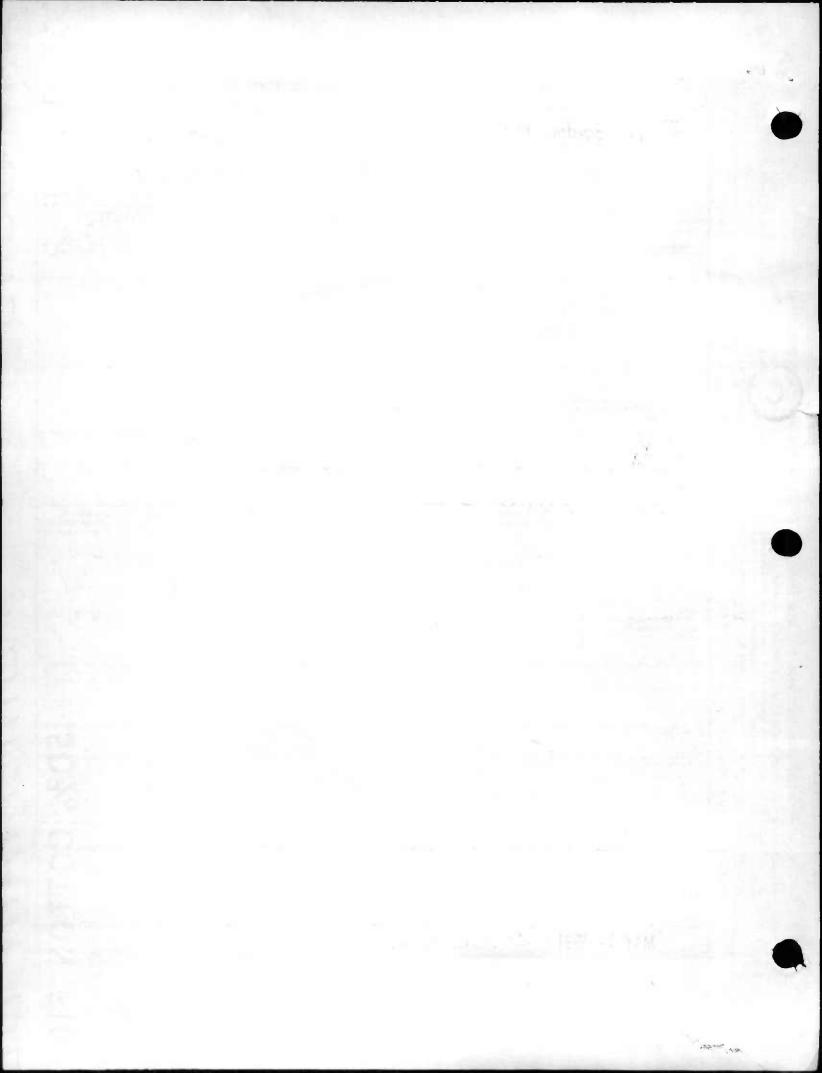
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the safer death. Page 6 may be in the law requires that the death of the attending physician and completely filled in by the funeral director page 5 count to define the filled within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.

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Purital or attending physician.

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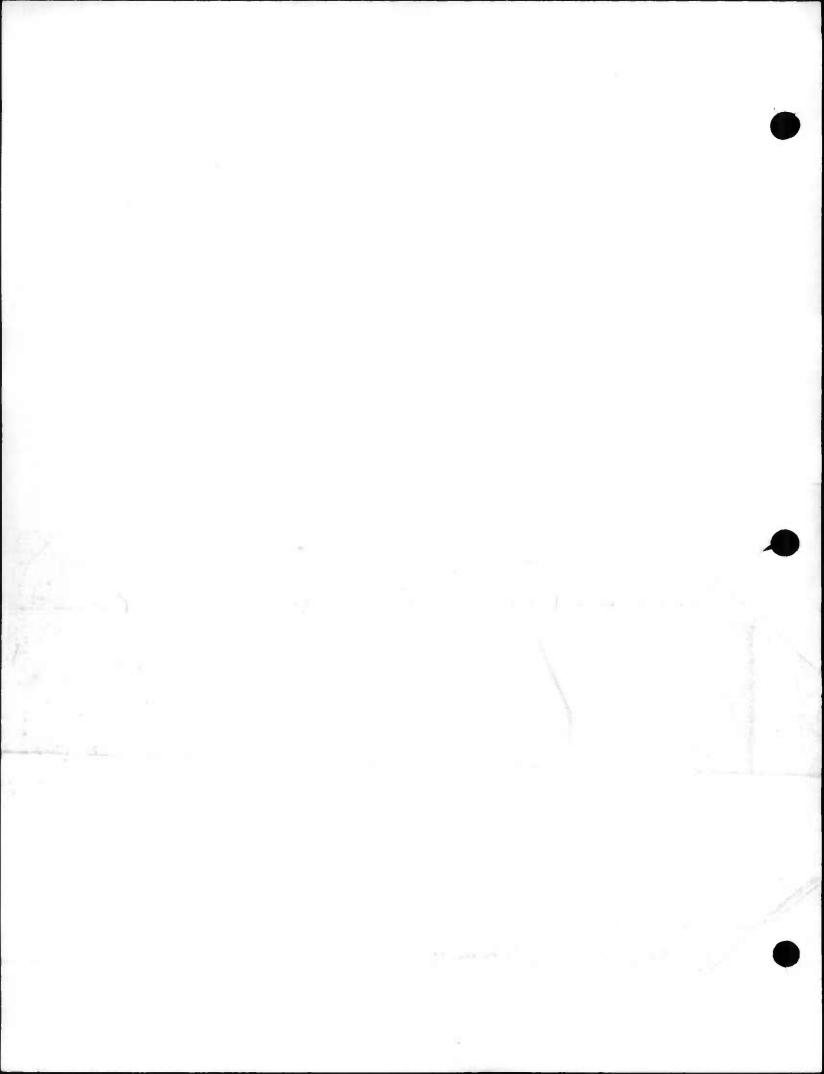
1. DECEDENT'S NAME (First, Middle, Less		chew	1		2. DATE O			3. TIME OF DEATH 90 9:20 F	
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. lest birthday) YRS.	MONTHS DAY		7. DATE C		. 1.	BIRTHPLACE (State or Foreig Country)	
90. FACILITY NAME (If not institution, give U. of Mary land		P	-	more City		163170		Y OF DEATH	
	Maryland Prince Geogre Co. Beltsyille								
4526 Broad I	31vd			101. ZIP CODE	0705		10g. CITIZE	EN OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	1. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. If yee, specify Cuben, Mexican, Puerto Ricen, etc.) 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. If yee, specify Cuben, Mexican, Puerto Ricen, etc.) 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. If yee, specify Cuben, Mexican, Puerto Ricen, etc.)								
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		(Give kind o	'S USUAL OCCUP! if work done during use retired.)	NTION most of working	16b.	KIND OF BUS	INESS/INDU	STRY	
	homas	McKnew			inia	Le	e Ke		
190. INFORMANT'S NAME (Typo:Print) Virginia Le		W 452	of Broa	et end Number or Rurel d Blyd	Be1	tsvil	le,	Md, 20705	
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	27 '	20b. PLACE OF DISPO		cemetery, crematory or		20c. LOC	CATION — CI	ity or Town, State	
21. SIGNATURE OF FUNERAL SERVICE	A A A	belle	100	ate Ana		Boar	d M	d,	
shock, or heert fellur immediates or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. Pilm DUE TO B. Respir	conary hem of or as a consequence atom Destro of or as a consequence naturity of or as a consequence		dione			8	Interval Betwonset and D Lowrs Iday Iday	
PART II. Other aignificant conditi	one contributing to	o deeth but not resulting	g in the underl	ring cause given in	Part i.	24a. WAS AN. PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only on	(0)			
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE O		IME OF 28c.	INJURY AT WORK? YES 2 NO		r (Specify) CRIBE HOW IP	JURY OCCI	URED	
2 Accident Investigatio 3 Suicide 6 Could not to determined	26e. PLACE	OF INJURY — At home, ferri g, atc. (Specify)				ATION (Street e or Town, State)	nd Number o	or Rural Route Number,	
CONTROL ONLY	and the second second	of my knowledge, death occu						d, ceuse(e) end manner as state	
296. SIGNATURE AND TITLE OF CERTIF	iscardi	MO		29c. LICENSE NU	MBER		29d. DATE	SIGNED (Month, Day, Year)	
30, NAME AND ADDRESS OF PERSON ROSE MAYIE VIS 31. DATE FILED/MORIT, PONT 1909 1	cardi MC	USE OF OEATH (ITEM 27) (7) USWEST ART'S SIGNATURE	22 S. (Freehe S	f	Bultin	une,	mD 2120	



SHOOT BE OF	MOLENCE OF THE CONTRACT OF THE
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hosp

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN CERTIFICAT	T OF HEALTH AND	MENTAL HYGIEN REG. NO	E 90-	37573	
	4. SOCIAL SECURITY NUMBER	AULTSBY 5. SEX 6. AGE (in yrs.	lest birthday) YRS. IF UNDI	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. 35	2. DATE OF DEATH MONTH D. O.	8.8		
OR	90. FACILITY NAME (If not institution, give stre THE JOHNS HOPKI			ry, town or location of di BALTIMORE		9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE MARYLAND 10b. COUNTY	-	10c. CITY, TOWN	ORE CITY			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100, STREET AND NUMBER 1607 NORTH GAY ST	TREET	<u>-</u> , 139	101. ZIP CODE 21213			OF WHAT COUNTRY?	
B∀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		B. WAS DECENOENT OF HISPAI If yea, specify Cuben, Mexico 1 YES 2 NO Specif	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: black	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		DECEDENT'S USUAL. (Give kind of work don life. Do NOT use retired.	e during most of working	16b. KIND OF BU	SINESS/INDUST	RY .	
BE CON	17. FATHER'S NAME (First, Middle, Last) EMORY WILLIA	AMS		18. MOTHER'S NA VALOR	ME (First, Middle, Melden IA MAULTS			
10	199. INFORMANT'S NAME (Type/Print) VALORIA MAULTSB'	Y	196. MAILING ADDRE	SS (Street end Number or Rural RTH GAY STRE	Route Number, City or Tox ET BALTIM	ORE, MI	D. 21213	
	20e. METHOD OF DISPOSITION 1	val from State othe	or place)	Name of cemetery, crematory or		OCATION — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	22	2. NAME AND ADDRESS OF FA	CILITY			
	IMMEDIATE CAUSE (Fine)	emplications that caused the let only one cause on each OX TYPM DUE TO (OR AS A OP)	nematuri	er the mode of dying, suc	ch se cerdisc or resp	iratory errest	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A COR	•					
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to deeth but n	ot resulting in the	underlying ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL						<u> </u>	
SICI	EXAMINER?	HOSPITAL:	OTH					
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	nce 8 Other (Specify) 28d. OESCRIBE HOW INJURY OCCUREO			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — A building, atc. (Specify)	At home, farm, street, fi	actory, office	28t. LOCATION (Street City or Town, State	end Number or i	Rural Route Number,	
COMPLETED	(Check only	CIAN: To the best of my knowledge t: On the basis of examination en					euse(e) and manner ea stated.	
O								
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF DEATH,	resident	29c. LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Day, Year)	

Julia Friday April



HYSICIAN: The law requires that the death certificate be executed within "A" wours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	mation, or removal.	nt, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compl	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE BLED (Moeth, Day, Year) APR 2 6 1991

	FOR STATE REGISTRAR	SIAIE UF I	MARYLAND / CE	DEPAR	ICATE	OF H	DEA.	TH		REG. NO.	10	-3	7574
	1. OECEDENT'S NAME (First, Middle, Last))							2. DATE OF	DEATH	v	YEAR 3	L TIME OF DEATH
	MADE	VELTS	NEIMANI	S					12	06		90	9:08 AMM
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	# UNDER 1 Y	_	IF UNDER	T	7. DATE OF (Month, L	BIRTH Inv. Visar)		8. BIRTHPI Country)	ACE (State or Foreign
	096-26-3133	1 M 2 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	9/18	7189	5		atvia
	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY, T	OWN O	R LOCATI	ON OF DE	EATH		9c. COUN	TY OF DEA	ТН
DIRECTOR	Calvert County	Nursing (Center		Prin	ice	Free	deric	ck		Ca	lver	t
E I	10a, STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR	LOCATI	ION					1	IOd. INSIDE CITY
a	Maryland Cal	vert		Pı	rince	Fre	der:	ick				1	YES 2 NO
	10e. STREET AND NUMBER					101.	ZIP COD	E			10g. CITIZ	EN OF WH	IAT COUNTRY?
FUNERAL	85 Hospital Roa	d				2	20678	8			U.S	-A.	
3	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.AR			AS DECI	ENDENT	OF HISPAN	NIC ORIGIN?			14. RACE -	- American Indien,
	1 Never Merried 2 Married		1 YES 2 NAME OR DATES	10				an, Mexical Specify	in, Puerto Ric V:	an, etc.)		Specify:	White, atc.
B	3. Widowed 4 Divorced						- 34					wh	
	15. OECEDENT'S ED (Specify only highest grad				S USUAL OCC			ing	16b. K	IND OF BUS	SINESS/IND	USTRY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5	iito	. Do NOT u	se retired.)	my in.	H OF WORLD	W.					
필				Artis	s t					- 4	Art	-	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	THER'S NA	AME (First, Mic	ldle, Meiden	Sumame)		
BEC	Peter Beitan	8					Ma	ade I	Rosent	erg			
	190. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRESS (Street a					n, State, Zip	Code)	
٩	Andris Neimanis		1	13003	Rham	e I	r.,	Ft.	Washi	ngtor	a, MD	207	744
	20e. METHOD OF DISPOSITION 1	moval from State	20b. PLACE other pl	OF DISPO	SITION (Name	e of cen	netery, cre	matory or		20c. LO	CATION —	City or Tow	n, State aryland
	21. SIGNATURE OF THE TALL SERVICE I	LICENSON /			22. N/	AME AN	ND ADDRE	ESS OF FA	CILITY				
	· Zlary	L. Ko	ufme	m					nan Fu				1227
	23. PART T. Enter the disease of shock, or heart stars IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one ca		6.		he mo	de of dy	/ing, suc	ch as cardle	ec or reepl	retory an	eat,	Approximete interval Between Onset end Deeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	O (OR AS A CONSE										
H	resulting in death) LAST	d											
LC	PART II. Other algnificent condition	one contributing t	to death but not	resulting	In the und	larivino	a cause	alven In	Part I.	4a, WAS AN	ALITOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL	CUA;	Atricl -	fibillat	14				Files:		PERFOI	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			TOTHER		ACE OF	DEATH (CA	heck only one				
SIC	1 TES 2 NO		☐ ER/Outpetient :	3 🗆 DOA	OTHER:		10 5 🗆 F	Residence	6 🗆 Other	(Specify)			
Y PHYSICIAN:	27. MANNER OF OEATH 1. Netural 5 Pending Investigation		OF INJURY Day, Year)	28b. TH	ME OF NJURY M	WC	JURY AT DRK? YES 2	NO	28d. DEŞC	RIBE HOW	INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE buildin	OF INJURY — At hig, etc. (Specify)	ome, farm,	, street, factor	ry, offic	10			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			oute Number,
	29a. CERTIFIER CERTIFYING PHY	VSICIAN: To the best	of my knowledge, d	eath occur	rred at the tin	ne, date	end plac	ce, end du	e to the caus	e(e) and ma	nner as sta	ted.	
OMPLE					lion, in my op	inion, c	death occ	ured at the	e time, date a	ind place, e	nd due to ti		end manner as stated.
TO BE COMPLETED		INER: On the basis of			tion, in my op	olnion, c		CENSE NU		and place, e		he cause(e)	(Month, Day, Year)

And the second s

EALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Aurs after death. Page 6 may be retained by the hospital of attending physician and completely filled in by the tuneral director, page 5 should be detached for the as the burd-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

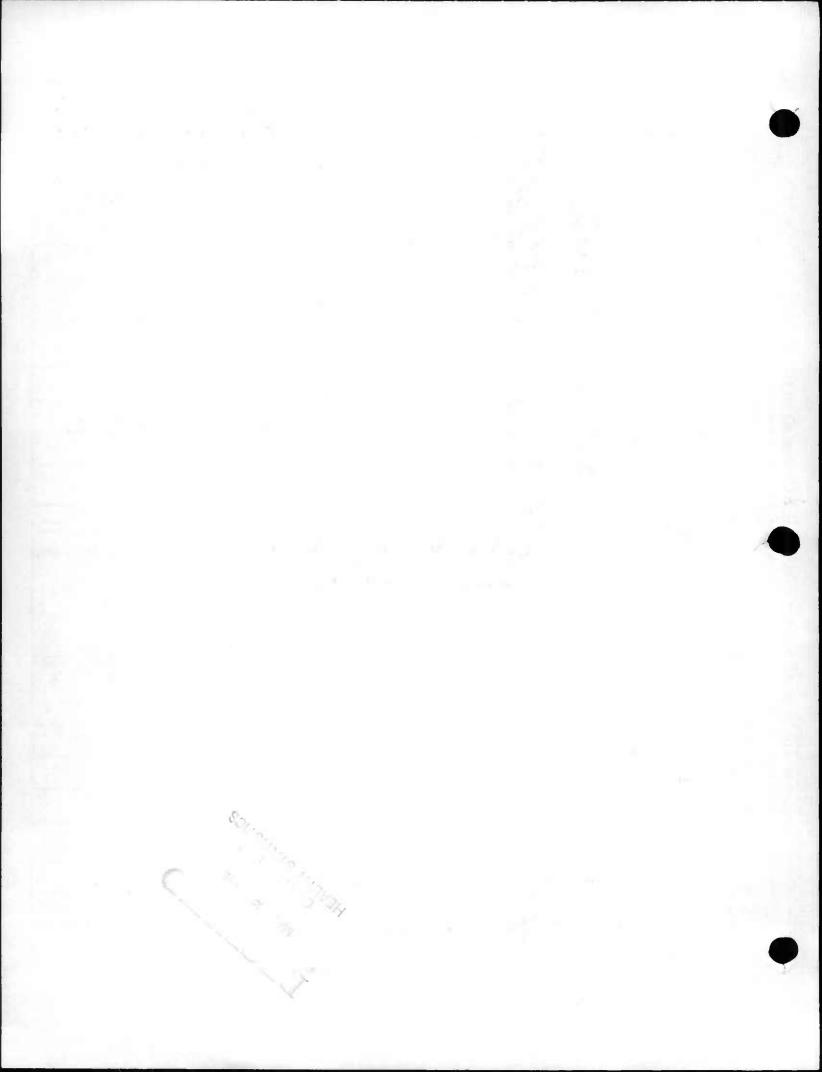
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2309

TO BE COMPLETED BY FUNERAL DIRECTOR

1	FOR STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND	MENTAL HYGIEN		37575
	1. DECEDENT'S NAME (First, Middle, Last)	the Bon	"A" (Joe Francis)	2. DATE OF DEATH		3. TIME OF DEATH 3 0430 M
	NIA!	FM 2 F	YRS. MONTH	2/2	7. DATE OF BIRTH (Month, Day, Year)	-90	BIRTHPLACE (State or Foreign Country) Maryland
HO!	90. FACILITY NAME (If not institution, give stree	tal Cen	ter sh. ci	Cheverly	EATH	ec. COUNTY	nce Georges
- DIMECTOR	Maryland Pri	nce Georg	es Nec	2 Carrol	Iton	I a a a a a a a a a a a a a a a a a a a	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNEHAL	10. STREET AND NUMBER TO UL RIV	erdale 12. WAS DECEDENT EVER IN U.	Road #3	101. ZIP CODE 25 7	84		JSA
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 NES :	NO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 ALO Speci	en, Puerto Ricen, atc.)	14.	Black, White, atc. Sectiv:
COMPLEIED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	rion 16 mpleted) Coffege (1-4 or 8 +)	Give kind of work dor life. Do NOT use retired	OCCUPATION to during most of working	16b. KIND OF BU	SINESS/INDUS	TRY
BE COM	17. FATHER'S NAME (First, Middle, Lost) JOR Fran	cis	107	18. MOTHER'S N	AME (First, Middle, Melder	Surname)	Mouthis
2	19s. INFORMANT'S NAME (Type/Print)		764 Fi	serdale Ld1	Route Number, City or To	wn, State, Zip Co	ilton, me
	20s, METHOD OF DISPOSITION 1	al from State	LACE OF DISPOSITION,	Name of cometery, crematory or	30c. st	aver	of Town, State
	21. SIGNATURE OF FUNERAL SERVICE MOEN	ellek		2. NAME AND ADDRESS OF F	Netter A		
	23. PART /. Enter the disease, or cor ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)		Report	er the mode of dying, au	ch as cardiac or res	piratory arres	Approximate Interval Between Onset and Death
September 1	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO		turity.			
THI SICIAM. MEDICAL OF	PART II. Other algnificant conditions	contributing to death but	not resulting in the	underlying cause given in		PRMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	theck only one)		
2	1 □ YES 2 (NO	Inpatient 2 - ER/Outpati	ent 3 DOA 4 1	tursing Home 5 - Residence	_	. h. m.m. 0.00	Nep.
	27. MANNER OF DEATH Natural 8 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	1 1 123 2 1 110	28d. DESCRIBE HOW		
- 4	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, etc. (Specify	At home, farm, street,	factory, office	281. LOCATION (Stree City or Town, Stat		Hural Floute Number,
COMPLEIED	CONSTRUCTION OF THE CONSTR	AN: To the best of my knowled On the besis of examination s					cause(s) and manner as stated.
3	296. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE N	UMBER	29d. DATE S	HGNED (Month, Day, Year)
IO BE	205			2 360			16-90
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print)				

DHMH-16 Rev 1/89



ages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician betificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the State Dept. of Health and Mental Hygiene prior to burial, cremation or removal. BALTIMORE, MARYLAND 21203-3146 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematified within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematified P.O. BOX 13146, DIVISION OF VITAL RECORDS,

notified at must be item 23 shows any injury, or other traumatic event, the medical examiner marked, or 28 Is IMPORTANT: If Item

DIRECTOR

FUNERAL

BY

ETED

COMPL

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CERTIFICATION

MEDICAL

PHYSICIAN:

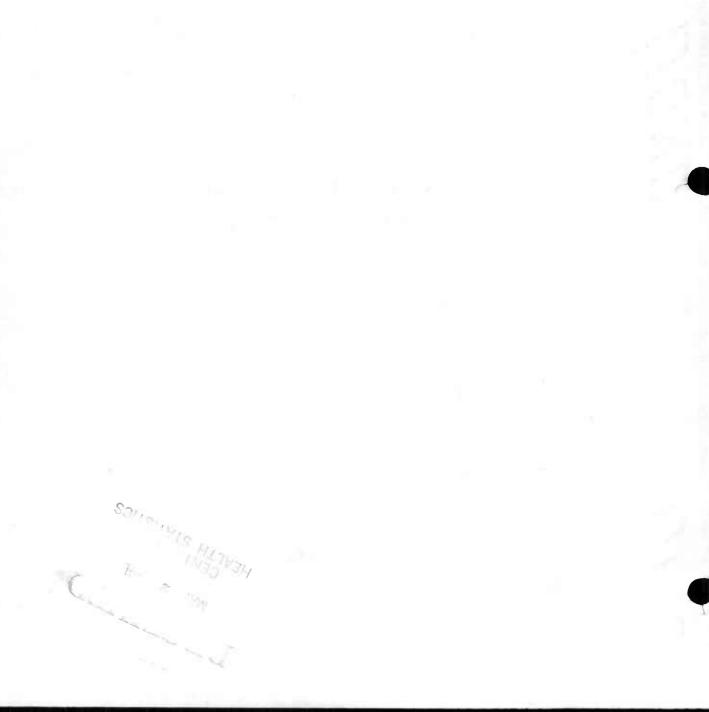
BY

COMPLETED

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223

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Hethis 0430 50 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign IF UNDER t YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 1 9 M 2 | F SO COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 10d. INSIDE CITY LIMITS? Carroll 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black. White, atc. 11. MARITAL STATUS 1 Never Merried 2 Merrie FORCES? 1 YES 2 if yes, specify Cube 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h, KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 6+) 17. FATHER'S NAME (First, Middle, Last) Lynette Toe 19a. INFORMANT'S NAME (Type/Print) New Carrollton, MA 20s. METHOD OF DISPOSITION 1 Duriel 2 Cremation 20b. PLACE OF DISPOSIT 5 Other (% 22. NAME AND ADDRESS OF FACILITY 23. PART J. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, ahock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) 2hrs 5min Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Linpatient 2 | ER/Outpatient 3 | DOA 1 | YES 2 | NO OTHER: ng Home 6 🗆 Residence 6 🗀 Other (Specify) 4 🗆 Nural 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 28c. INJURY AT WORK? 1 Natural
2 Accident 1 YES 2 NO 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined 4 Homicide 29e. CERTIFIER
Thank and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 15-16-90 36014 30. NAME AND ADDE 6S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) hen 32. REGISTRAR'S SIGNATURE

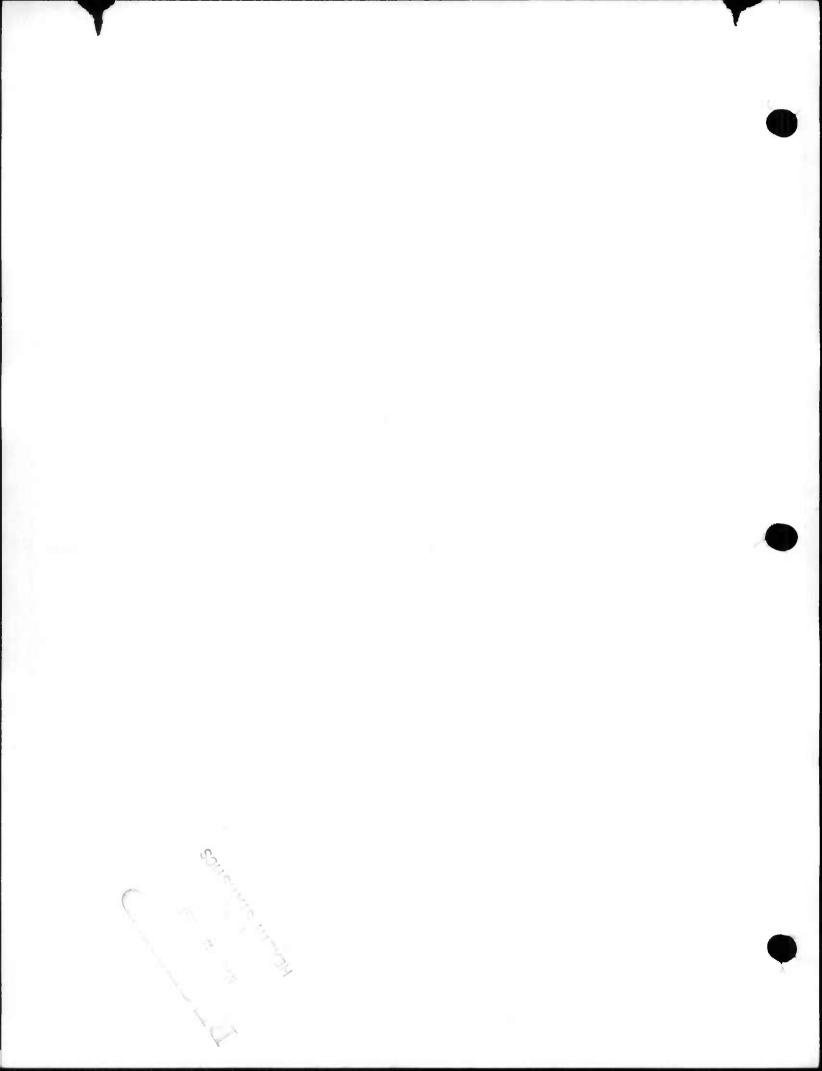


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examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
i.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detache
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 product after death. Page 6 may be retained by the hosp

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN ERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO	- 7//-	37577
	1. DECEDENT'S NAME (First, Middle, Lest)	Male			2. DATE OF DEATH	ž 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. Is	ast birthday) IF UND	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. Bi	RTHPLACE (State or Foreign buntry)
	9e. FACILITY NAME (If not institution, give str		YRS.	Y, TOWN OR LOCATION OF E	10/12/9	9c. COUNTY C	ARY LOTALD OF DEATH
HOL	PRINCE OF DECEDENT	IS HOSPINAL CE	NIBA (HEV ERLY	mD	PRINC	E GEORGES
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION	K		10d. INSIDE CITY LIMITS?
	10a, STREET AND NUMBER	UE GEORGES	1 et tt	101. ZIP CODE		10g. CITIZEN	1 YES 2 NO DE WHAT COUNTRY?
FUNERAL	5237 KENIC	W SRITH AVE	RMED 1	. WAS DECENDENT OF HISPI	ANIC ORIGIN? (Specify Ye	Q . S	ACE — American Indian,
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	NO	If yes, specify Cuben, Mexico 1 YES 2 AO Speci	can, Puerto Rican, etc.)		Black, White, etc.
ED	15. DECEDENT'S EDUC (Specify only highest grade of	CATION 16a. D	ECEDENT'S USUAL Give kind of work don	during most of working	16b, KIND OF BU	ISINESS/INDUSTR	N N
APLET	Elementary/Secondary (0-12) NOT APPLI C	College (1-4 or 5+) ABLE	le. Do NOT use retired	ULA	N	1A	
COMPL	17. FATHER'S NAME (First, Middle, Last)	UNTUNDE	SAIAC	18. MOTHER'S N	NAME (First, Middle, Maider		E SMAGE
O BE	19a. INFORMANT'S NAME (Type/Print)		9b. MAILING ADDRE	SS (Street and Number or Rura	al Route Number, City or Tox	wn, State, Zip Code) ~
	SPENCEL SIAV 200. METHOD OF DISPOSITION	20b. PLACE	E OF DISPOSITION	\$230 CEN		POUT A	YATTUUE MU
	1 Buriat 2 Cremation 3 Remo		10	Z. NAME AND ADDRESS OF I	FACILITY A	near	reg .
	NIA	MARCHICA		300/ H	ospital	AC	
	23. PART I. Enter the diseases, or/c shock, or treat feilure. I	complications that caused the c Liat only one cause on each lin	leath. Do not ent	er the mode of dying, su	uch as cardiac or resp	piretory errest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDID-R	ESARU	4 NOR4	ARRES	1	Onset end Death 2./10u &
_		DUE TO (OR AS A CONS		EMATUR	ITY		
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS			1		
RTIFICATION	CAUSE (Diseese or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF):				
CE	PART II. Other significant conditions	s contributing to death but not	resulting in the	underlying Cause given i	in Part I. 24e. WAS A	N ALITTOPSY	24b, WERE AUTOPSY FINDINGS
DICAL	N/A					RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
: MED							1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	28. PLACE OF DEATH (Check only one)		
HYS	1 U YES 2 NO 27. MANNER OF DEATH	1 Propetient 2 PR/Outpetient 28a. DATE OF INJURY (Month, Day, Year)	3 DOA 4 N	ursing Home 5 Residence 28c, INJURY AT WORK?	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE	D
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At I	М	1 TYES 2 NO	281. LOCATION (Street	and Number or B	ural Route Number
COMPLETED	4 Homicide determined	building, etc. (Specify)			City or Town, State	9)	
MPL	cont only	CIAN: To the best of my knowledge, R: On the basis of examination and/o					use(a) and menner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	?		29c. LICENSE N	IUMBER	29d. DATE SIG	NED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Print)			10-	12-90
	ST. DATE FILED (MORTH), DE MORT	NEWO P. G.	HOSPITA	JR 1 Ho	SPIML D	R, CH	EVERLY, MI)
	MAY 23'91	32. REGISTRAR'S SIGNATURE	ion formation	•			

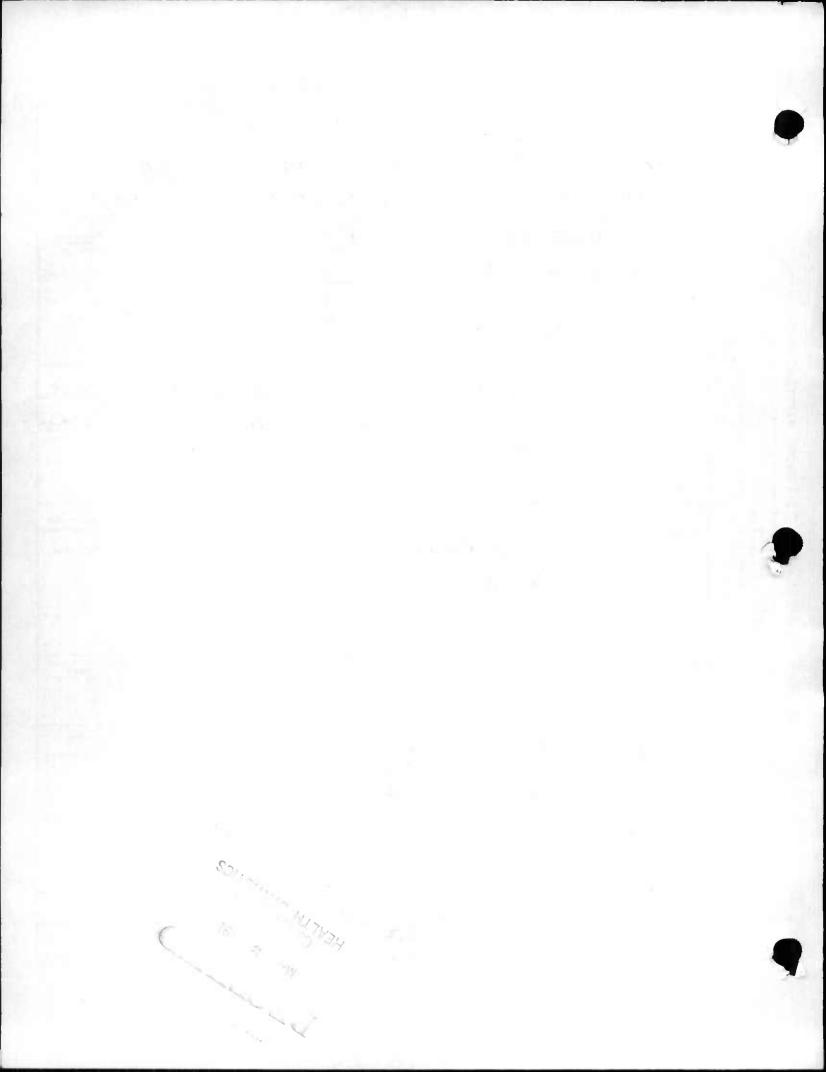
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DHMH-16 Rev 1/89



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NA	□ M 2 🗷 F	O YRS.	MONTHS	DAYS HOURS MIN.		30	90	Her	yland
. FACILITY NAME (If not institution, give street	t and number)		9b. CITY	Y, TOWN OR LOCATION OF	DEATH		9c. COUNT	Y OF DEA	NTN
PINCE CENTERS HO	spital		0	heverly, H	<u>A</u>		Pre	ne G	enge;
De. STATE 194 COUNTY		10c. C	HTY, TOWN	OR LOCATION				1	IOd. INSIDE CITY
WD ALLUC	e Georg	es N	. 616	entwood				1	YES 2 NO
De. STREET AND NUMBER	- 61			101. ZIP CODE	777		10g. CITIZE	EN OF WH	AT COUNTRY?
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☐ Widowed 4 ☐ Divorced	IF 125, GIVE WAR ON	DATES		1 YES 2 SENO Spe	cary:			3	ack
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Elementary/Secondary (0-12)	College (1-4 or 8 +)	Ine. Do NOT	use retired.)						
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actis Win	fred H	10mp	her	4 and	nic	Dog	retho	01 (Dallac
De. INFORMANT'S NAME (Type/Print)			NO ADDRES	S (Street and Number or Ru	el Route Numb	er, City or Town	n, State, Zip C	Code)	41
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Donation 5 Other (Specify)	- anl		22.	NAME AND ADDRESS OF	FACILITY	and.	,	1	
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DHMN-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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has been signed by the attending physician and completely fills Dept. of Health and Mental Hygiene prior to burial, cremation,

or other

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IMPORTANT: If

31. DATE FILED (Morth, Day, 227)

32. REGISTRAPES SIGNAPURS

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DIRECTOR: After this certificate hours after death with the State

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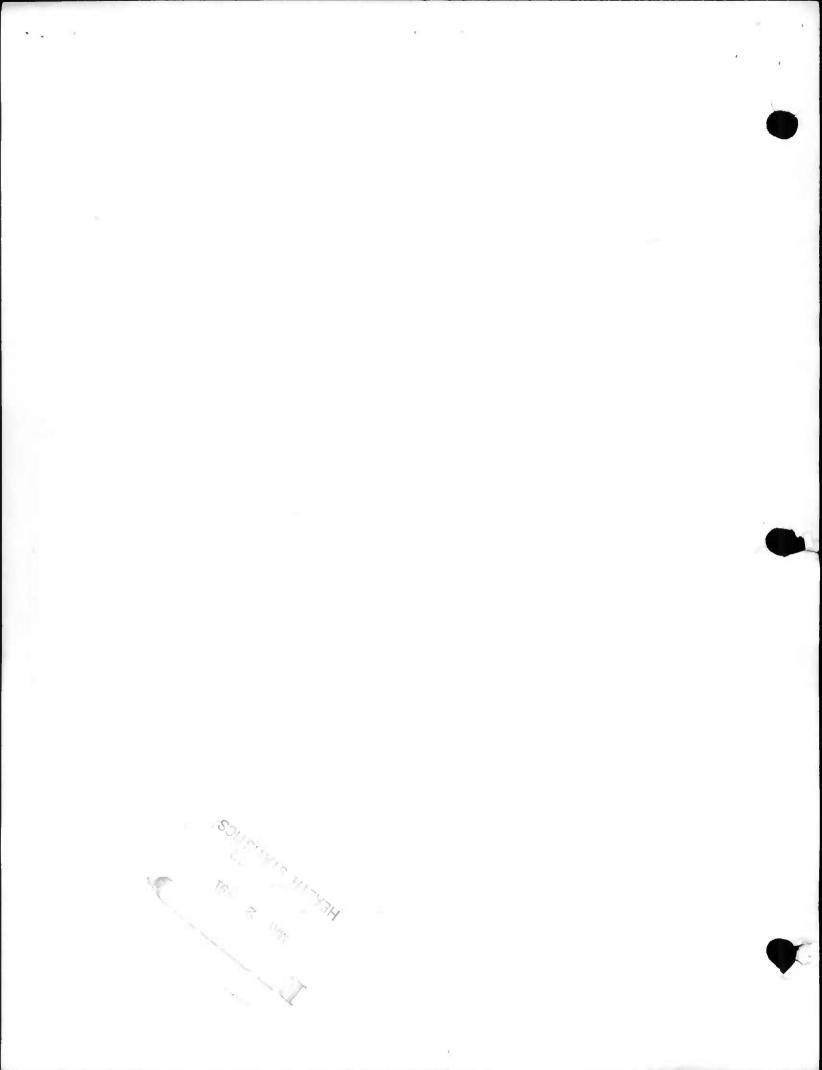
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executed within certificate be HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death THE HOSPITAL (
) THE FUNERAL C
i filed within 72 h

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH SCOTT male infant 90 20 5-40 7. DATE OF BIRTH (Month, Day, Year) 8 ~ 2-9 - 90 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS MD 20 9a. FACILITY NAME (# 9c. COUNTY OF DEATH Prince Georges Hosp RESIDENCE OF DECEDENT Cheverly DIRECTOR · Center 10a. STATE ME 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 1 Never Married 2 Marr 3 Widowed 4 Divorced If yes, specify Cuban, Maxican, Puerto Rican. atc.) 2 Married YES 2 NO BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 17. FATHER'S NAME (First, Middle, Last) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street 2 20743 20s. METHOD OF DISPOSITION

1 Darial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DIS 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Entar/tha disesses, or complications that caused the death. Do not anter the mode of dying, such se cardiac or respiratory arrest, Approximate shock, or haert fellure. List only one cause on sech line Onset and Death IMMEDIATE CAUSE (Final disease or condition Non Viable 1hr 20 min reculting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES ZONO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO lant 2 - ER/Outpatiant 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At homa, farm, street, factory, office building, stc. (Specify) 3 Suicide COMPLETED S Could not be 4 Homicide 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER Staff Pediatrician 18 239320 29 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ALex Prince G P·K

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31, DATE FILEO (Month, Day, Year, 4.08

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page 5 should notified

filled in by 6 cremation, attending physician and completely intal Hygiene prior to burial, crematil executed within requires that the death certificate be signed by the attending phy Health and Mental Hygiene this certificate has been a with the State Dept. of HOSPITAL DR ATTENDING PHYSICIAN: The DIRECTOR: After the hours after death death TO THE FUNERAL D be filed within 72 ho IMPORTANT: If It TO THE I

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Kashaw Graves 2. DATE OF DEATH MORTON YEAR FEMA 211-04 0 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPL 1 - M 2 X F YRS. 04.0 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH BC. COUNTY OF DEATH DIRECTOR HUSP, TAL DUNT CEDENT 10b. COUNTY 10d. INSIDE CITY YES 2 NO 10e. STREET AND NUMBER WHAT COUNTRY? 20 782 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-X 11. MARITAL STATUS 14. RACE — American indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: 3 Widowed 4 Divorced BLACK 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) everr maves Ta 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street Route Number, City or Town, State, Zip Code 20760 # Kirkwood 2612 20s. METHOD OF DISPOSITION
1 ☐ Burtal 2 ☐ Cremetion 3 ☐ Re
4 ☐ Donation 5 ☐ Other (Specify) 286. PLACE OF DE RE OF FUNERAL SERVICE LYCENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART /. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heart fallure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final hr. 26 min disease or condition RENPILATORY resulting in death) EXTREME DUE TO (OR AS A CONSEQUENCE CERTIFICATION Sequantially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 - YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 % inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner so stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 04-08-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2

DHMH-16 Rev 1/89



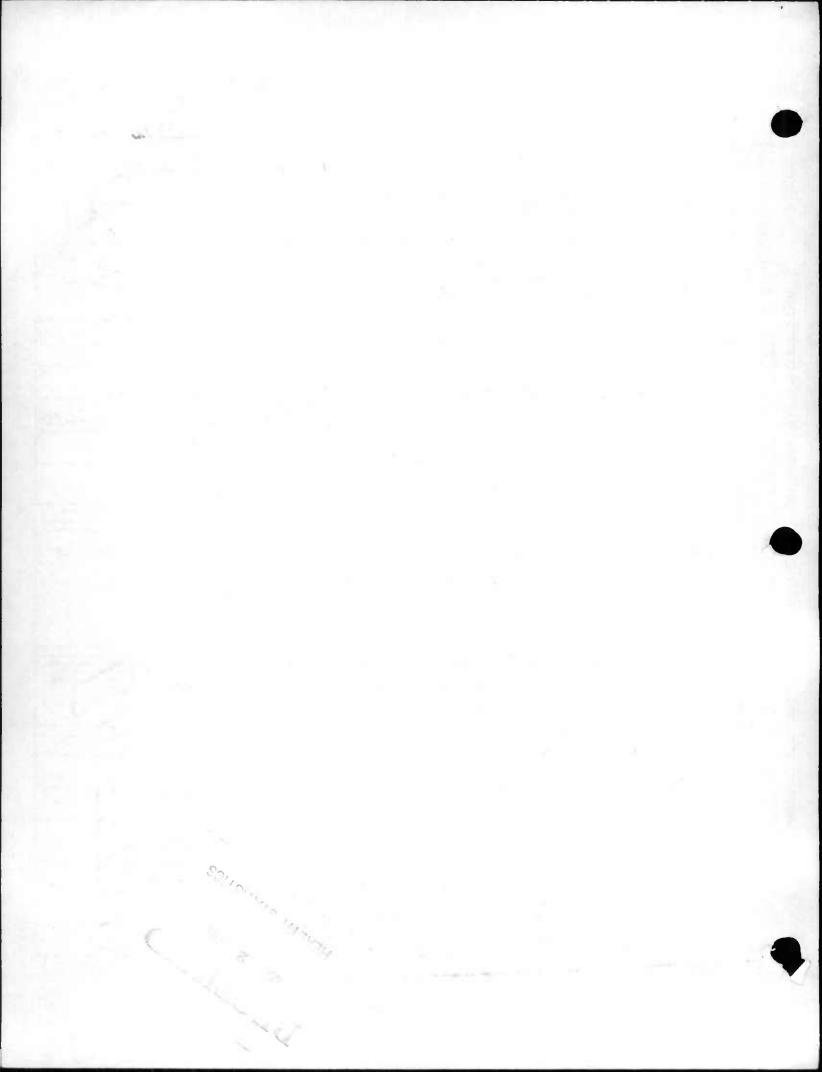
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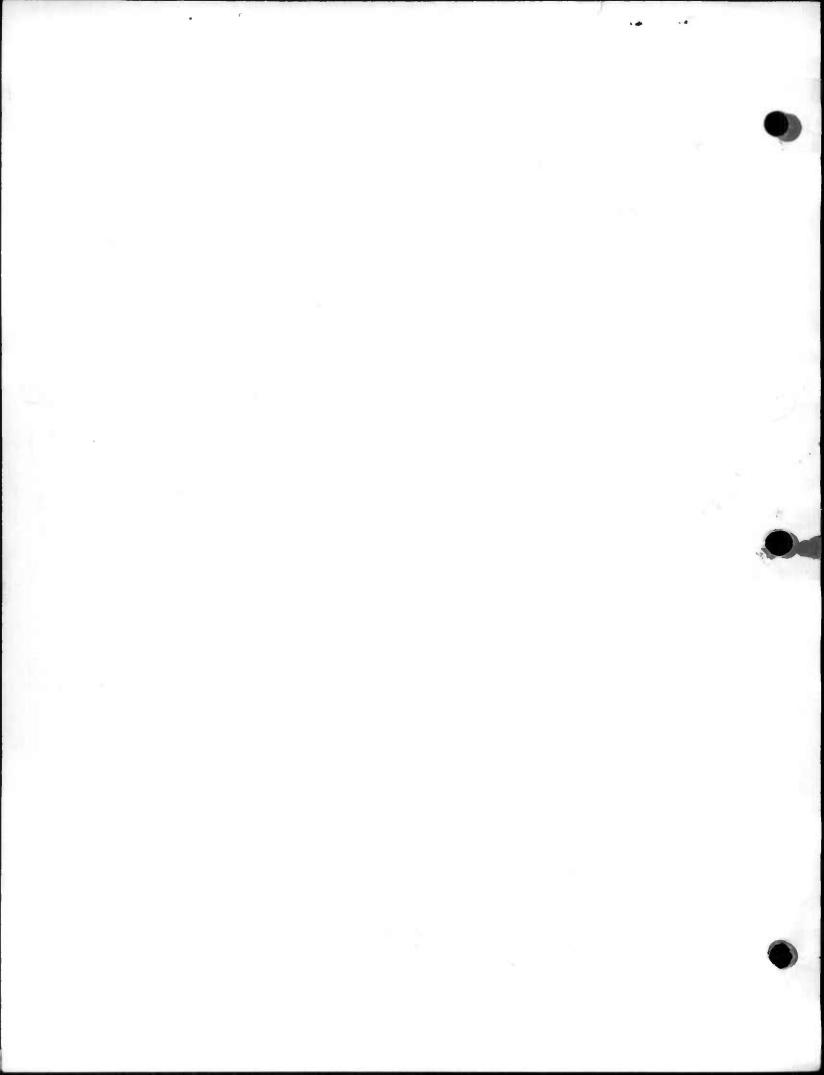
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Da, METHOD OF DISPOSITION	UNL	20b. PLACE	OF DISPOSIT	ION (Name	o of come	tery, cremetory or	000	-		
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ART II. Other algnificant condition	e contributing to d	eeth but not i	reaulting in	the und	lerlying	ceuse given in	Part I.	PERFOR	MED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?
							_			1 🗆 YES 2 🗀 NH
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3			:					
7. MANNER OF DEATH 1 Naturat 5 Pending	28a. DATE OF IP	JURY	28b. TIME	OF 2	28c. INJU	RY AT K?	_		NJURY OCCUP	RED
3 Suicide 8 Could not be determined			ome, farm, st	eet, facto	ry, offica					Rural Route Number,
one) 2 MEDICAL EXAMINE	ER: On the basis of axa									
36. SIGNATURE AND TITLE OF CERTIFIE	ed mit					DO 94	MSER 96		29d. DATE S	SIGNED (Month, Day, Year)
1	a. INFORMANT'S NAME (Type/Print) a. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rame Donaston 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LIC ART I. Enter the diseases, or a shock, or heert failure. AMEDIATE CAUSE (Final isseese or condition issued in death) equentially list conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or injury nat initiated events in the condition	ARTIN LUTHER a. INFORMANT'S NAME (Type/Print) ARCHARA MOALS a. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Ramoval from State Donation 5 Other (Specify) . SIGNATURE OF FUNERAL SERVICE LICENSEE ROBERT K. PRITTS 3. PART I. Enter the diseases, or complications that or shock, or heert failure. List only one ceuse abock, or heert failure. List only one ceuse abock, or heert failure. List only one ceuse abock, or heert failure. List only one ceuse abock. Or heert failure. List one or heert failure. List one or heert failure. List only one ceuse abock. Or heert failure. List one or heert	a. 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DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or attending physician.

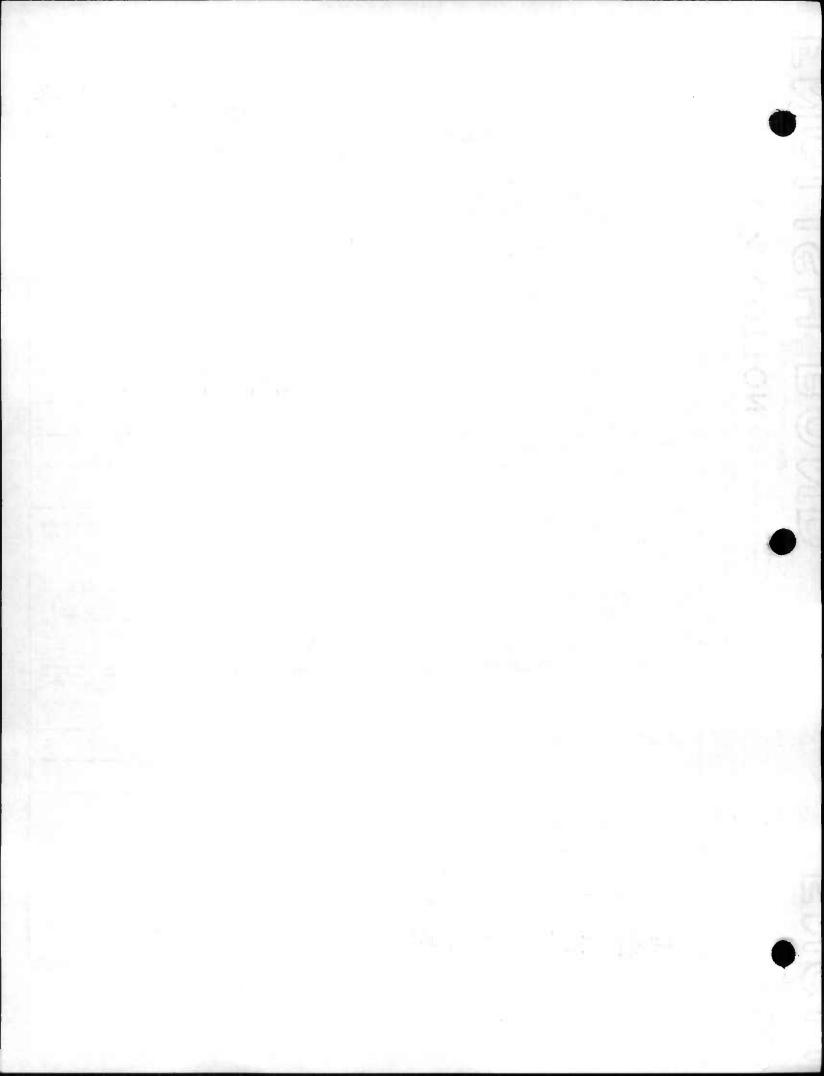
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
sportant. If item 28 is marked, or item 23 shows any injury, or other traumatic even
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
표용문설

1. DECEDENT'S NAME (First, Middle, Last))	-		E OF DEATH	2. DATE OF C	DEATH	0	3. TIME OF DEATH
Girl F	Daniels	(ASHLE	y O	WENS)	MONTH 8	DAY 4	90	6:45
4. SOCIAL SECURITY NUMBER	5. SEX 1	6. AGE (In yrs. lest to 0 days	oirthday) IF UNDE	R 1 YEAR OF UNDER 24 HR DAYS HOURS MIN	. (Month, Day	18TH (, 16ar) 4 90	Coun	HPLACE (State or Foreign stry)
	N. Char	les St.		altimore,			UNTY OF	
Maryland 106. COUNT	ТҮ		10c. CITY, TOWN	on Location Ltimore				10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{\background} \) NO
100. STREET AND NUMBER 1051 Camero	n Road			101. ZIP CODE 212	12	10g. C	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARMI YES 2 NO WAR OR DATES		WAS DECENOENT OF HIS If yes, specify Cuben, Ma 1 YES 2 XNO Sp	xican, Puarto Rican		Spe	CE — American Indian, ck, White, etc. cdly: Black
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give	EDENT'S USUAL (kind of work done to NOT use retired.)	during most of working	16b. KIN	O OF BUSINESS/II	NDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Anthony Owens					NAME (First, Middle iquita !			iels
per B.C. 10/3/91	kam	19b.	MAILINO ADDRES	SS (Street and Number or Ru	iral Route Number, C	lity or Town, State, .	Zip Code)	
20a. METHOD OF DISPOSITION 1	moval from State	of cemelary, c	rematory or other	POSITION (Name place) More Medica	DATE	20c. LOCATION		Town, State Jaryland
21. SIGNATURE OF FUNERAL SERVICE L								
>	LICENSEE		22	NAME AND ADDRESS OF	FACILITY			
23. PART i. Enter the diseeses, or ahock, or heert fellure	r complications the	it caused the dea	22	. NAME AND ADDRESS OF	. Charle	es St,	2120	Approximate Interval Between
23. PART i. Enter the diseases, or	complications the	it caused the dea	th. Do not ente	GBMC 6701 N	. Charle	es St,	2120	Approximate Interval Between
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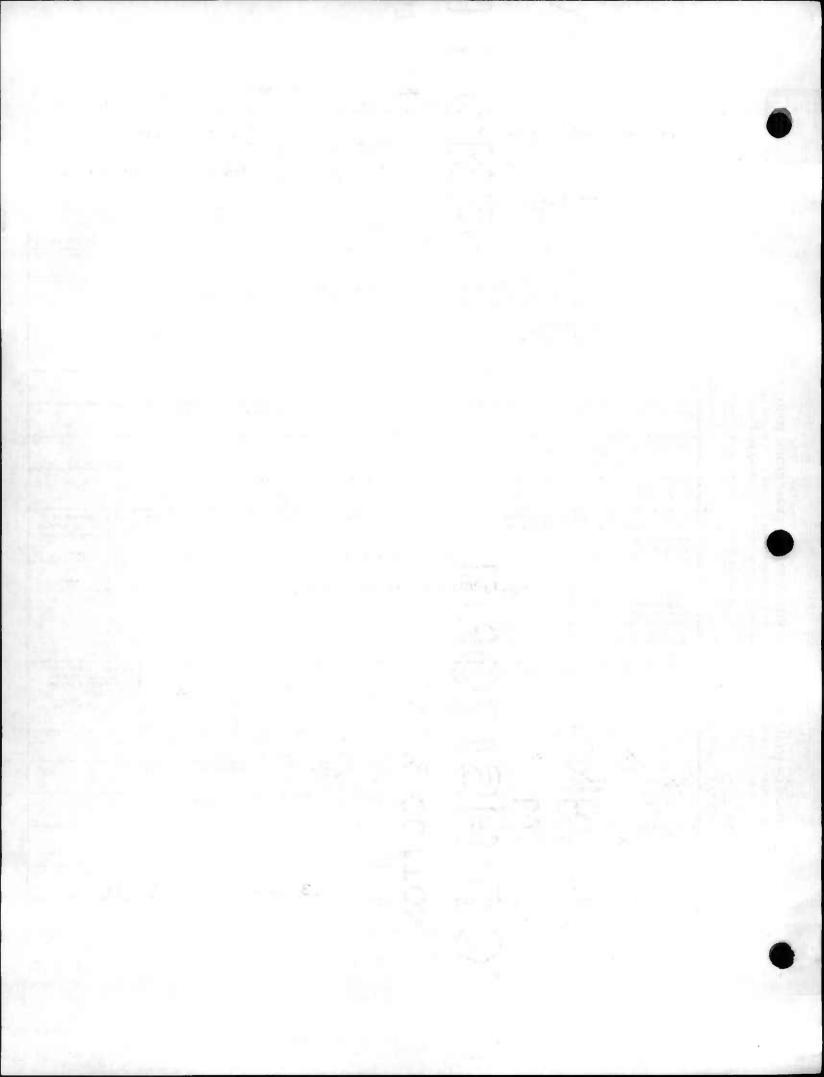
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31. DATE FILED (MT 40 1990)



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DIVISION OF VITAL RECORDS, P.O. BOX 68760	
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			C	CHILI	CALE	OF DEA	ATH		REG. NO	96	0	, 50
	1. DECEDENT'S NAME (First, Middle, Last BRITTANY ANN		1					MONTH			EAR	TIME OF DEAT
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1	YEAR IF UND	ER 24 HRS.	7. DATE	OF BIRTH		90 BIRTHPLA	ACE (State or Fo
		1 🗆 M 2 💢 F	0	YRS.		DAYS HOURS	MIN.		Day, Year)	1990	Country)	ILANT
	9a. FACILITY NAME (If not institution, give	e street and number)				OWN OR LOCA	TION OF DE			9c. COUNT		
S.	UHIV. OF MARY	LAND										
DIRECTOR	10a. STATE 10b. COUN	ITY	(-7)	10c. CITY	Y, TOWN OR	LOCATION					10-	d. INSIDE CITY
듬											1 [LIMITS?
₹	100. STREET AND NUMBER 2724 Tivoly Ave	onuo				10f. ZIP CC		24246	,	10g. CITIZE	N OF WHA	T COUNTRY?
FUNERAL	•					1		21218				
À	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. A I YES 2 MAR OR DATES		11)	AS DECENDENT yes, specify Cu YES 2 N	ben, Mexico	in, Puerto I		s or No- 14	Black, W Specify:	American India hita, etc.
LETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)			DECEDENT'S (Give kind of wife. Do NOT us	work done du	SUPATION ring most of wor	rking	16b	KIND OF BU	ISINESS/INDUS	STRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MC	OTHER'S NA	ME (First, I	Aiddle, Maiden	Surname)		
ш	DArrell Jeron	me Jackso	on			(Chare	lene	Flai	ne Me	dlev	
0 0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street and Num						
F	Charlene E. Med	ley				oly Ave	enue	-		7		
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re	moval from State		ry, crematory		SITION (Name ce)		DAT	E 20c. LC	DCATION — CH	ty or Town,	Steta
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	_		22. N/	AME AND ADDI	RESS OF FA	CILITY				
	•											
	23. PART I. Enter the diseases, o shock, or heert feilur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. EXT	REME O (OR AS A CONS	PREM	ATUR	T		ch as cen	liec or resp	piratory arres	nt,	Interval B
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BALTIMORE, MARYLAND 21215-0020

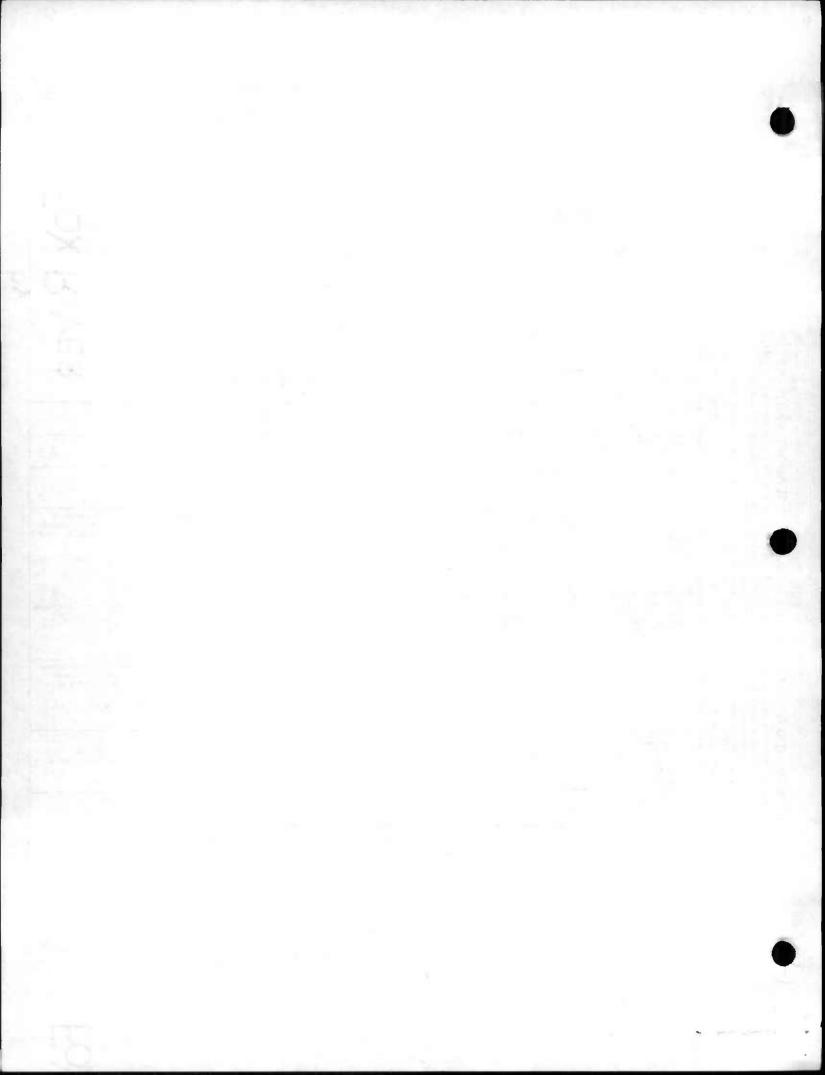
1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (Fin							2.	DATE OF	DEATH	YEA	Я	ME OF DEATH
	Shania		nee Kem						Marc		1990		10:39 p
	4. SOCIAL SECURITY NOR	MBER	1 M 2 K F	6. AGE (In yrs. las		MONTHS DAY		MIN.	Month, De	ly, Year)	C	ountry)	E (State or Foreign
	9a. FACILITY NAME (# not	inetthation also			377	Lessy	N OR LOCATION		Marc		1991		land
œ	University									- [PE. COUNTY C	T DEATH	
DIRECTOR	RESIDENCE OF DE					Ball	timore	CITY					
R	Manyland	10b. COUNT	Υ			TOWN OR LO		,				10d.	INSIDE CITY LIMITS?
- 1	Maryland				Do	a i c i iiioi	re City						YES 2 NO
FUNERAL	221 N. Fr		Avenue	Apt #30	12		2120	11			log. CITIZEN	DF WHAT	COUNTRY?
N N	11. MARITAL STATUS		7	IT EVER IN U.S. AF		12 Whe r	ECENDENT OF		BIOIN3 (6	leasth. Yes o	No. 14. F	ACE A	merican Indian,
B	1 Never Married 2 3 Widowed 4 Die	_		YES 2 1		If yes,	specify Cuben,					Black, Whi Specify:	lack
ETED		ECEDENT'S EDU		16a. DE	CEDENT'S U	USUAL OCCUPA	TION most of working		16b. Kil	ND OF BUSIN	ESS/INDUSTF		Lack
LET	Elementary/Secondary		College (1-4 or 5	life	. Do NOT use	retired.)	most or working						
COMPL	17. FATHER'S NAME (First,	Middle, Last)								lle, Maiden Su			100
BE	Rod Kemer						Nia		ette		ton		
٥	Nia R. D	irton		19	221	N. Fre	emont A	venue	Number,	302	State, Zip Code)	
	20a. METHOD OF DISPOS 1 Burlal 2 Cremen	tion 3 🗆 Ren	noval from State			OF OISPOSITI or other place)	ON (Name		OATE	20c. LOCA	TION — City o	or Town, S	itate
	4 Donation 5 Oth 21. SIGNATURE OF FUNER		CENSEE	_		22. NAME	AND ADDRESS	OF FACILIT	Υ			_	
	•												
CERTIFICATION	disease or condition reaulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	nediata LYING njury	- ~20	OR AS A CONSE	male OUENCE OF	infa	7						
	reaulting in death) LA	(5)	d									- }	
	PART II. Other aignific	cent conditio	na contributing to	daeth but not	resulting in	n the underly	ing cause gi	ven in Pari	t i. 24	a. WAS AN AI			
MEDICAL	PART II. Other aignific	cent condition	na contributing to	daeth but not	resulting in	n tha undari	ring cause gi	ven in Pari		a. WAS AN AI PERFORM	ED?	CON OF I	LABLE PRIOR TO IPLETION OF CAU DEATH?
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ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED EXAMINER? 1 YES 2 AO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only)	Pending Investigation Could not be determined	HOSPITAL: 1 Elementer 2 26e. DATE O (Month, I	□ ER/Outpatient : F INJURY Day, Year) OF INJURY — At h., etc. (Specify) If my knowledge, d	28b. TIME 28b. TIME INJU	OTHER: 4 Nursing E P E	PLACE OF DEJ	ATH (Check of idence 6 284 NO 281	Other (S Other (S City or)	PERFORM PES 2 [Pecily) IBE HOW INJ ON (Street and own, State)	URY OCCURE	ANAI CON OF I	LABLE PRIOR TO PILETION OF CAU SEATH? VES 2 NO Number,
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OHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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PHYSICI	this cer	with th	rked.
NDING	3: After	r death	is ma
R ATTE	IRECTO	ours afte	em 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hisman or arrowing physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachted the burial-try	in 72 h	IMPORTANT if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOS	THE FUN	led with	DRTAN
101	101	be fi	M

1. DECEDENT'S NAME (First, Middle, Las	st)		ATE OF DEATH	REG. NO		3. TIME OF DEATN
		emer		March 7,	1990	10:36
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	MON MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN. ESSThan GC	March 7,		BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, glu	ve street end number) 22 (CITY, TOWN OR LOCATION OF	DEATN	9c. COUNTY	
90. FACILITY NAME (H not Institution, glue Univerity of Mo		to., Mane	Baltimore City	/		
RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
Maryland		BA1	timroe City			LIMITS?
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
221 N. Fremont	Avenue Apt	320	2120	01		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify	an, Puerto Rican, etc.)	ns or No— 14	. RACE — American Indian, Black, Whita, etc. Specify:
15. DECEDENT'S E (Specify only highest gri		16e. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF B	JSINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	ired.)			
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meide		
Rod Kemer			Nia	R. Dirto		
196. INFORMANT'S NAME (Type/Print) Nia Dirton			PRESS (Street and Number or Rural Fremont Avei			- '
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE OF				y or Town, State
1 Buriel 2 Cremation 3 R		of cemetary, crematory or o		DATE	OCATION — CIL	or lown, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF I	ACILITY		
IMMEDIATE CAUSE (Finel disease or condition	re. List only one cause on	each line.	enter the mode of dying, au	ch ae cardiec or ree	piratory srres	Approximate Interval Betw
Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	s. Afternal DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS OF 20 W	each line.		ch ae cardiec or ree	piratory srres	Interval Bety
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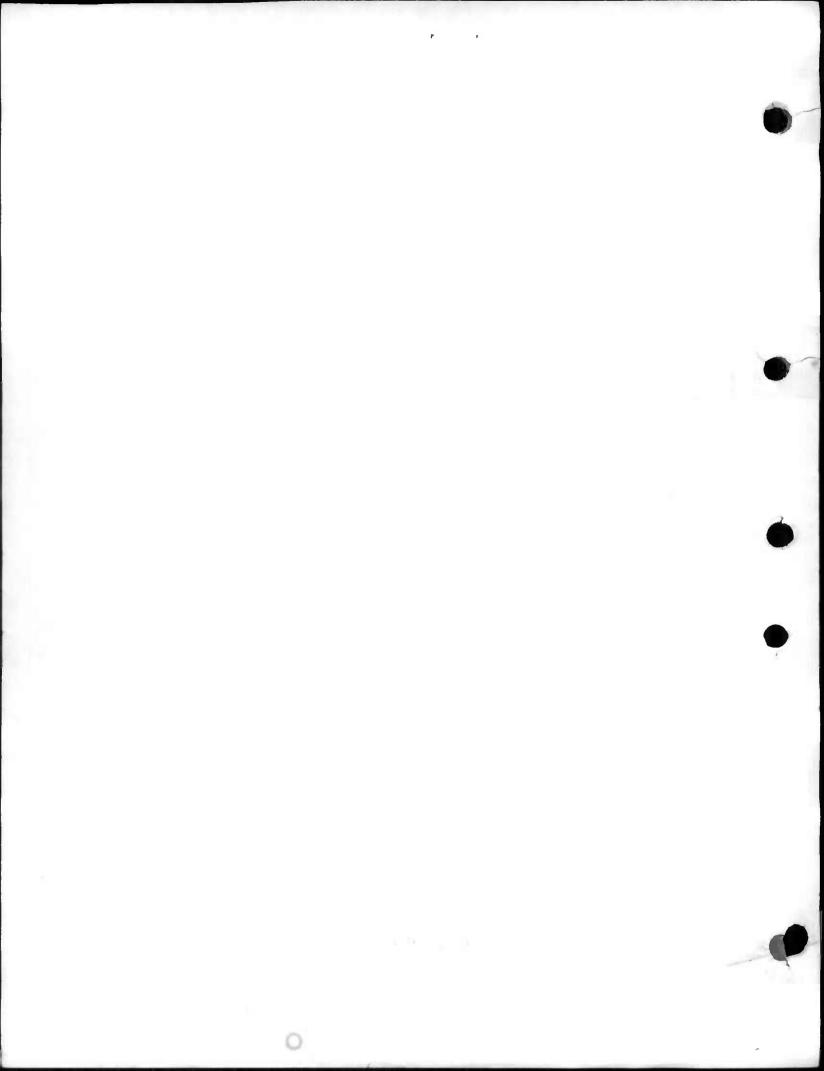
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CENTER FOR

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a few steer death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	INDOPTANT: If tem 28 is marked at Item 23 shows any injury or other trainmatic event, the medical examinar must be notified at once	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at fewers after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL DRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the 5 should be filled within 72 hours after death with the 5 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be after a filled for the second fore
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH A		HYGIENE PLES NO.	0-37586
	1. DECEDENT'S NAME (First, Middle, Last)	Heather	Ann Mus	selman	2. DATE OF MONTH	DAY	3. TIME OF DEATH 90 12:52a
	4. SOCIAL SECURITY NUMBER	1 - M 2 45 I	nins yes.		Month, E 5 9 -	19-90	e. BIRTHPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give University of RESIDENCE OF DECEDENT			Baltimore		9c. COUN	ITY OF DEATH
DIRECTOR	10e. STATE 10b. COUNT	ſΥ	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF If yee, specify Cuban, 1 YES 2 NO	Mexican, Puerto Ric		14. RACE — American Indian, Black, White, etc. Specify:
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S Us (Give kind of wor life. Do NOT use	k done during most of working	16b. K	IND OF BUSINESS/IND	USTRY
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	ichael All	en Muss	-	the second second	dde, Malden Surname)	n
2	190. INFORMANT'S NAME (Type/Print) 200. METHOD OF DISPOSITION		208	Scotts Man	nor Dr	ive Glen	Burnie
	1 Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	moval from State of	cemetary, crematory of	other place) 22. NAME AND ADDRESS	OF FACILITY	20c. LOCATION (City or Town, State
CERTIFICATION	immediate cause (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	0	CARDIAC ity orie I	Arr)waf	ism	Interval Betwee
MEDICAL	PART II. Other algolificent condition	d	ut not resulting in	the underlying couse giv	ren in Part i. 2	4a. WAS AN AUTOPSY PERFORMED? TES 2 \(\text{NO}\)	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	TH (Check only one)		
BY PHYSICIAN:	1 VES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	1 Ninpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		28d. DEŞCI	Specify) RIBE HOW INJURY OCC	CURED
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, str city)	eet, factory, offica	28f. LOCAT City or	TON (Street and Number Town, State)	or Rural Route Number,
COMPLETED	one) 2 MEDICAL EXAMIN						ed. e cause(e) end manner as steted.
TO BE	29b. SIGNAYORS AND THE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	Tune	ATH (ITEM \$7) (Type F		SE NUMBER	29d, DATE	SIGNED (Mont), Day, Year)
	The state of the s	St. Amant M	D. 22 S	Greene S	St, Bal	to,, Md,	21201
	ILIN 1 0 1991	Julia Davidson-R	indelle				

	1. DECEDENT'S NAME (First, Middle,	Listy		\/ Ox			MONT			3. TIME OF	DEATI
	BABY BOY 4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs.	MCKES	SON IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		BIRTNPLACE (State	Or Fo
		1 🗌 M 2 🗍 F		YRS.	MONTHS DAYS	HOURS MIN.		h, Day, Year)		Country)	07.7.0
œ	9a. FACILITY NAME (If not institution,					OR LOCATION OF D	EATH		9c. COUNTY		
20	THE JOHNS H		ITAL			TIMORE			BALT	IMORE CI	
DIRECTOR		ALTIMORE			y, town or loca LTIMORE					10d. INSIDE LIMITS 1 X YES	?
RAE	10e. STREET AND NUMBER 2230 Barclay	Street			1	01. ZIP CODE 21218			U.S.	OF WHAT COUNT	RY?
FUNE	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS DE	CENDENT OF HISPA	NIC ORIGII	17 (Specify Yes		RACE — American	Indi
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 WAR OR DATES	Мо		pecify Cuban, Maxico S 2 NO Specif		Rican, etc.)		Specify: blac	k
LED	15. DECEDENT (Specify only highes			(Give kind of	USUAL OCCUPAT	ION nost of working	168	KIND OF BU	SINESS/INDUS	TRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT u	se retired.)						
COMPL	17. FATNER'S NAME (First, Middle, La	nst)				18. MOTNER'S NA		Middle, Malden	Surname)		
BE (UNKNOWN 19a, INFORMANT'S NAME (Type/Prin	41		401 14711	Annaipe	LETRA			ESSON	2	
5		ESSON				y Stree				21218	
	20a. METNOD OF DISPOSITION 1 Burtal 2 Cremation 3	Ramoval from State				emetery, crematory or				or Town, State	
	4 Donation 5 Other (Specify	n)		711023	22. NAME	AND ADDRESS OF FA	ACILITY				_
	•										
	IMMEDIATE CAUSE (Final disease or condition	0.Xt	roins	n	wordt	with	,			Onee	
TIFICATION	disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a) c	O (OR AS A CONS	SEOUENCE C	P):	wity				. 1	
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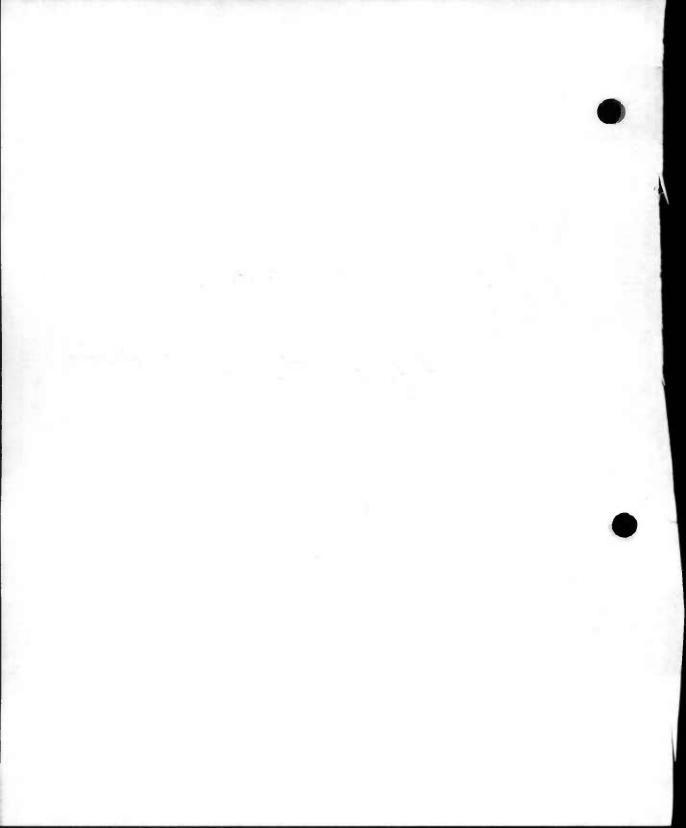


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1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OE	DAY	7 9 8 10', 59
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. last t		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month,, Day,		6. BIRTNPLACE (State or Foreign Country)
9e. FACILITY NAME (If not institution, give stre		_		CITY, TOWN	OR LOCATION OF	DEATN	96, 00	UNTY OF DEATN
ST Joseph	Hospi	HOL		17111	900 r	m	1	Salto
RESIDENCE OF DECEDENT 108. STATE 1 10b. COUNTY			404 CITY TI	OWN OR LOC	ATION	1 67		10d. INSIDE CITY
ALIA	Harford			1 Air	Allon			LIMITS?
10e. STREET AND NUMBER	10110		50		OI. ZIP CODE		10g. Cf	TIZEN OF WHAT COUNTRY?
218 Timber Trail					21014			USA.
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARM YES 2 NO		If yes, s	ecendent of Nisp specify Obben, Mexic ES 2 NO Spec	an, Puerto Rican,		14. RACE — American Indian, Black, White, etc.
15. OECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)		(Give		done during relied.)	FION nost of working	16b. KIND	OF BUSINESS/IN	NDUSTRY
17. FATHER'S NAME (First, Middle Last)			11/		18. MOTNER'S N	AME (First, Middle,	Mairian Sumama	
David Kr	25				ROF		L (S	Smith
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street	t end Number or Rura	I Route Number, City	y or Town, State, Z	
20a. METNOD OF DISPOSITION		200 01 405 01	E DIORGO TO	ON Manual	emeters crematory or			
Paguriel 2 Cremetion 3 Remor	val from State	other plea		TOS	enh l	000	20c. LOCATION -	- City or Town, State
			7	~	7		M.	
21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			22. NAME	AND ADDRESS OF F	ACILITY!	,	MORAN VC
23. PART I. Entar the diseases, pr ct shock, or heart failure. L IMMEDIATE CAUSE (Final	emplications that	t caused the deal	th. Do not	ST	JOS node of dying, au	eph H		Interval Betw Onset and De
23. PART I. Enter the diseases, Dr ct shock, or heart feliure. L	omplications that lat only one cau	t caused the dearese on each line. OR AS A CONSEOU (OR AS A CONSEOU (OR AS A CONSEOU (OR AS A CONSEOU	JENCE OF):	ST	JOS node of dying, au	eph H		Interval Betw Onset and Do
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23. PART I. Enter the diseases, pr ct shock, or heart failure. L immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions	Omplications that lat only one cau	OR AS A CONSECU-	JENCE OF): JENCE OF):	anter the m	JOSenoda of dying, au	on - Vi	WAS AN AUTOPS!	Y 24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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23. PART I. Entar tha diseases, Dr ct shock, or heart failure. L immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO DUE TO DUE TO DUE TO Contributing to HOSPITAL: 1'M inpatient 2 OF (Month, D.) 26e. PLACE Of building,	(OR AS A CONSEOU (OR AS A CON	JENCE OF): JENCE	anter the m 26. THER: Nursing No Nr M 1 = 28c. II et, factory, of	Ing cause given is PLACE OF DEATH (Come 6 Residence NOURY AT WORK? YES 2 NO fice	ch as cardiac D ch as cardiac D on - Vi n Part I. 24a. 1 1 Check only one) 6 Other (Spec 28d, DESCRIBE 28f, LOCATION City or Town 28d to the cause(e) of the caus	WAS AN AUTOPS' PERFORMED? YES 2 NO City) E NOW INJURY O (Street and Numb n, State)	Interval Betw Onset and D

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Elufant Peaths Lee K Morris



Pages

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signed by the attending physician and completely filled in by the funeral director, page 5 should be Heatith and Mental Hygiene prior to burial, cremation, or removal.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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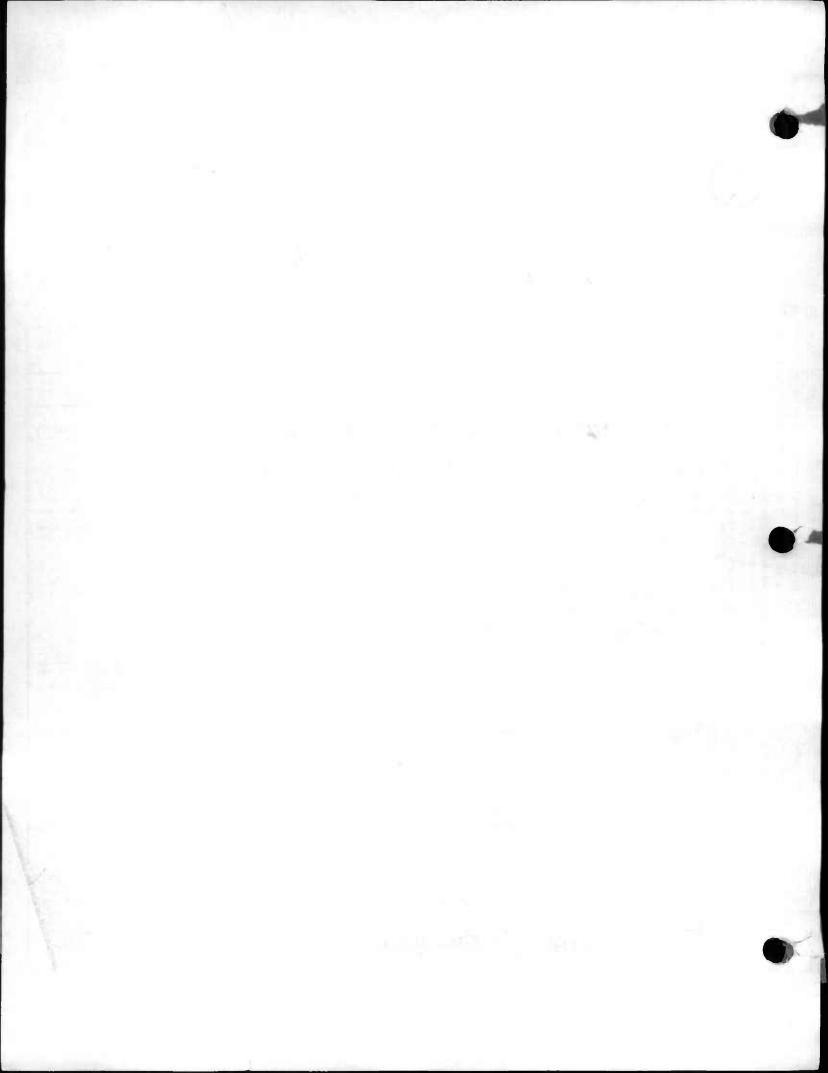
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William W. Clendenen, M.D., Rt.8 Box

32. REDISTRAR SISIGNATURE Fundale

#2,7, per copy of orig. death & birth FilmG710 4/5/94 kam
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Tanisha Starr Thomas YEAR 02/28/97 1990 2048 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 900-19-7526 HOUR 3 5 1 M 2 F 2/28/9+ 1990 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA GENERAL HOSPITAL SALISBURY, MD WICOMICO DIRECTO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Camico 1 YES 2 NO FUNERAL 100. STREET AND NUMBER 10g. CITIZEN OF 10f. ZIP COQ WNAT COUNTRY? CABINTO 1801 5.A MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 ... NO 12 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 1 TYES 2 NO Specify: Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last)
Michael Kelvin Thomas 16. MOTHER'S NAME (First, Middle, Meiden Surname)
Trene Rideout 7 BE notitied 19a. INFORMANT'S NAME (Type/Print) MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6 209 CABIN SALLISBURY pe ZOO. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must 2 Cremation 3 - Removal from Stata So 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF Salisbury Ma the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approx(mata shock, or haert failure. List only one ceuse on each line interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Cardiac arrest resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Respiratory Failure MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, laeding to immediate Extreme prematurity- 22 weeks gestation OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury shows any Injury, or other that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AME ARE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO has be Dept. (PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Homa 5 □ Realdenca 8 □ Other (Specify) HOSPITAL 1 YES 2 NO 1 X Inpatient 2 □ ER/Outpatient 3 □ DOA 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 5 Pending Investigation Natural ВҰ 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — building, etc. (Specify) L DIRECTOR: Aft hours after deal item 28 is n 3 Sulcide At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide TO THE FUNERAL DIRECT
be filed within 72 hours at
IMPORTANT: It item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated, (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua 29b. SIGNATURE AND TITLE OF CERTIFIER H29757 29d, DATE SIGNEO (Month, Day, Year) BE 12/9 191 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

266 Salisbury, MD 21801



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RECORDS,
OF VITAL
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VISION

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2% hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 90-37602

1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEI		0-31602
1. DECEDENT'S NAME (First, Middle, Last) BABU GILL	- Oliver			1 2	DAY 97	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER IV A 9e. FACILITY NAME (If not institution, give sit	1 D M 2 DF	YRS. MONT	DER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) OF DEATH
ST. JOSEP	Hospital	3	inito mi		BA	1+0
10e. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE			OF WHAT COUNTRY?
11. MARITAL STATUS DA A 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi 1 YES 2 NO Spec	can, Puarto Rican, etc.)	58 or No	Black, White, etc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during most of working	166. KIND OF B	USINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last)		NIA	18. MOTHER'S P	IAME (First, Middle, Maide	n Sumeme)	
JAMES O 190. INFORMANT'S NAME (Type/Print)	RD	196. MAILING ADDR	NESS (Street and Number or Rure	Stance I Route Number, City or To		Jer (de)
20a. METHOD OF DISPOSITION 1	20b.	PLACE OF DISPOSITION other place)	(Name of cemetery, cremetory of	4050 TO	OCATION — CH	y or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF	on Hosp). 7U	20 YORK
shock, or heart failure. I	E. PC+ MC	CONSEQUENCE OF):	Hy	111		Interval Betwo
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	CONSEQUENCE OF):	1-1-1-1			10-6
PART II. Other significant condition	d	t not resulting in the	underlying cause given	in Part I. 24e. WAS A	AN AUTOPSY	24b. WERE AUTOPSY FINDI
					ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)		L
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa	tient 3 DOA 4 D	HER: Nursing Home 5 - Residence	e 8 🗆 Other (Specify)		191
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Specific	At home, ferm, street,	tactory, offica	281. LOCATION (Stree City or Town, Sta	et and Number or te)	Rural Route Number,
and and	CIAN: To the best of my knowle					
29b. SIGNATURE AND TITLE OF CERTIFIER	Rem	MP	29c. LICENSE N	0622	29d. DATE 5	SIGNED (Month, Day, Year) 2 8 90
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type Print				

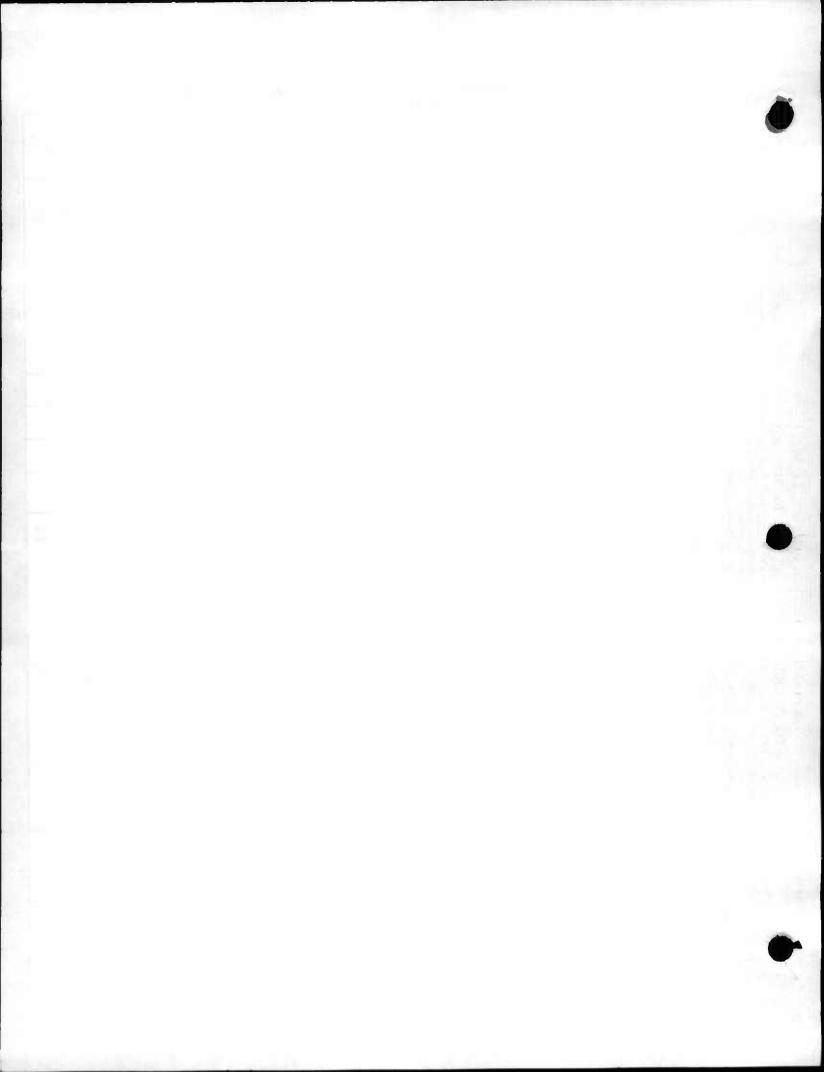
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	DIVISION OF VITAL

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, La.	ef)							
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	4: BOCIAL BECURITY HUMBER	8. SEX 4. AGE	(In you last blo	ficley) if United 1 Y	AA IF UNDER 24 HIN	7. DATE	HTAIR W	Y	BIRTHPLACE (State of F
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	Se. FACILITY NAME (If not inablution, ph	re street and number)		Sh. CITY, TO	WN OR LOCATION OF		20,1	DC. COUNTY	
CTOR	Anne Arundel	Medical Cer	iter	A	mapolis				e Arunde
5	PRESIDENCE OF DEGEDENY 104. STATE 10b. COU							AILII	e arunde
DIRE			10	C. CITY, TOWN OR L					10d, INSIDE CIT
	Maryland An	ine Arundel		Annapol					1 [] YES 2 []
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ВУ	3 Widowed 4 Divorced	1942 - 1		10	VES 2 100 Spe	olly.			White
8	18. DECEDENT'S E	DUCATION		ENT'S USUAL OCCU	MINN	. 1 .00	MAID OF BUILD		
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릴		5 +	M	ilitary	•		Defe	nac	
COMP	17. PATLIER'S NAME (FIS), MICHA (ANI)				10 MOTERNO	NAME (FINI, M			
ш	Donald P. Whi	tworth, Sr.					rnard		
0 8	TEA. INFORMANT'S HAME (Type/Print)		19h MA	JUNG ADDRESS (St	ont and Munitier or Plun				•)
F	Bernice T. W	hitworth			Lane,				
	004, METHOD OF DISPOSITION 1 QL Burlet 2 □ Cremetion 3 € H	go	to PLACE OF D	ISPOSITION (Name o	comotory orematory o	,		TION - Chy	
	4 Donation # Other (Specify)	A		ton Nat	ional C	emete			ton, VA
	21, STONATURE OF PURENAL BENTVICES	LICENSER /		SE HAM	Tor Fun	FACILITY	0)	3	
	Macy &	1. 1. 1a			Glouce				21401
	23. PART I. Enter the diseases, or shock, or heart fellow	r compligations that cause	d the douth.	Do not arrian the	mode of delege as	o C C L	.,,,,	mapo	Approxim
z	disease or condition resulting in death)	B. CUVCL	A CONBEQUEN	OF OF):	olen to	ette p	12/23	lases	3/11
CATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease of Injury	DUE TO (OR AS A	A CONSEQUEN	CR OP);					- de
RTIF	that initiated events	DUE TO (OR AB	A DONBEQUEN	CE OF):					A STATE OF THE PARTY OF THE PAR
Ш	resulting in death) LAST								
O	PART II. Other significant condition	one contributing to death I	not mault	loo in the under	dog on an Abrah I	a Bank I			
MEDICAL		A Para Caraca Ca			,		PERFORM	ED7	245. WERE AUTOPSY FI MALABLE PRIOR COMPLETION OF C OF DEATH?
≥									1 YES 1
SICIAN	21. WAS CASE REFERRED TO MEDICAL EXAMINER?			**	PLACE OF DEATH (C	theat only one			
Sic	1 TER 2 HO	Discontinuity of the property	petternt a D D	OTHER:	lorne 8 Residence		Same that		
Ξ	ET, MANNER OF DEATH	28s. DATE OF INJUSTY (Morth, Day, Year)	\$86	TIME OF BAG.	HUNRY AT WORKS		BIRE HOW INJ	URY OCCURIN	,
7	V Natural 8 Pending 2 Accident Investigation			om, senset fariance	(The	281 LOCAL	ION (Street and	Number or Ru	nti Route Numbe
TED BY P	7 (1)	28a. PLACE OF IN ICITY	' — At home, fe			City or	Town, State)		
MPLETED BY P	2 Accident Imestigation 3 Buildle 6 Could not be determined 4 Homioids determined 200. CERTIFIER Check only	RBO. PLACE OF INJURY building, etc. (Special): (SICIAN): To the best of my know	fedge, death ac	contrad at the time, o	tels and place, and du	o to the cause	(s) and manne	if as stated,	
COMPLETED BY P	2 Accident Imestigation 3 Buildle 6 Could not be determined 4 Homioids determined 200. CERTIFIER Check only	RBs. PLACE OP HAJURY building, sec. (specifically). To the best of my know NER; On the bests of examination	fedge, death ac	contrad at the time, o	tels and place, and du	e time, date a	r(n) and manne nd place, and d	tue to the sevi	ne(s) and manner as st
BE COMPLETED BY P	2 Accident 3 Sulcide 4 Homologia 200. CERTIFIER (Check only one) 2 MithCAL EXAMIN	RBs. PLACE OP HAJURY building, sec. (specifically). To the best of my know NER; On the bests of examination	fedge, death ac	contrad at the time, o	tale and phace, and du	e time, date a	r(n) and manne nd place, and d	tue to the sevi	se(s) and manner as st NED (Mogh, Day, Year)
D BE COMPLETED BY P	2 Accident 3 Sulcide 4 Homologia 200. CERTIFIER (Check only one) 2 MithCAL EXAMIN	BBs. PLACE OF HAJURY building, sec. (Special Social	ledge, death ac n and/or investi	contract at the time, o	tale and phace, and du	e time, date a	r(n) and manne nd place, and d	tue to the sevi	ee(s) and manner as s

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89



be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 Раде 6 тау death.

page 5 should

funeral director,

completely

and

physician

attending

certificate

JAN 29

Pages 1, 2, 3

permit.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

executed with law requires that the death certificate be The OR ATTENDING PHYSICIAN: HOSPITAL

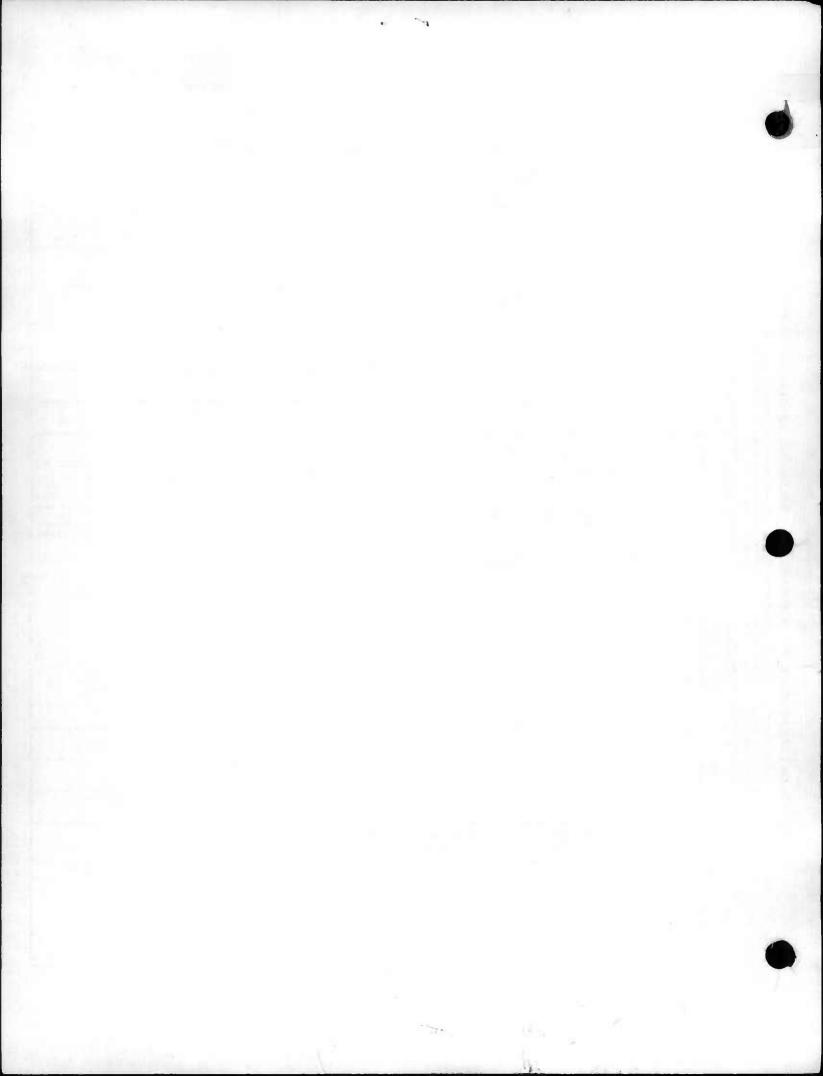
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY VEAR UNKNOWN 90- 204 90 11 12:31 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign DAYS 1 M 2 X F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR (Rear) 6707 Eads Street Seat Pleasant Prince George's RESIDENCE OF DECEDENT 19c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10a STREET AND NUMBER 10f ZIP CODE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced Black COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at H 198. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 must be 20c. LOCATION -- City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or the medical examiner 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir STATE ANATOMY BOARD 1-24-92 655 W. Baltimore St., Balto., MD 21201 filled in by the floor, or removal. 23. PART I. Enter the bisasses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on sech line. interval Betwe 6 Onset and Death IMMEDIATE CAUSE (Finel cremation. disesse or condition resulting in death) event, prior to burial. other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initisted events Hygiene DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 the atten Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the ANAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? amy 1X YES 2 NO OF DEATH? shows ? 1 TES 2 NO peen has b. Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item State OTHER:
4 | Nursing Home 5 | Residence | Other (Specify) Scene/drainage ditch 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 the 28b. TIME OF 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this with marked. 1 Natural 5 Pending Investige 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 28 tem 29e. CERTIFIER

(Chack note)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE FUNERAL OF THE FUNERAL OF THE FUNERAL OF THE MITHIN 72 h 2 🔀 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 11/3/90 OCME 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ann M. Dixon, M.D. - Deputy Chief 111 Penn St. Balto.MD. SS

32. REGISTRAR'S SIGNATURE

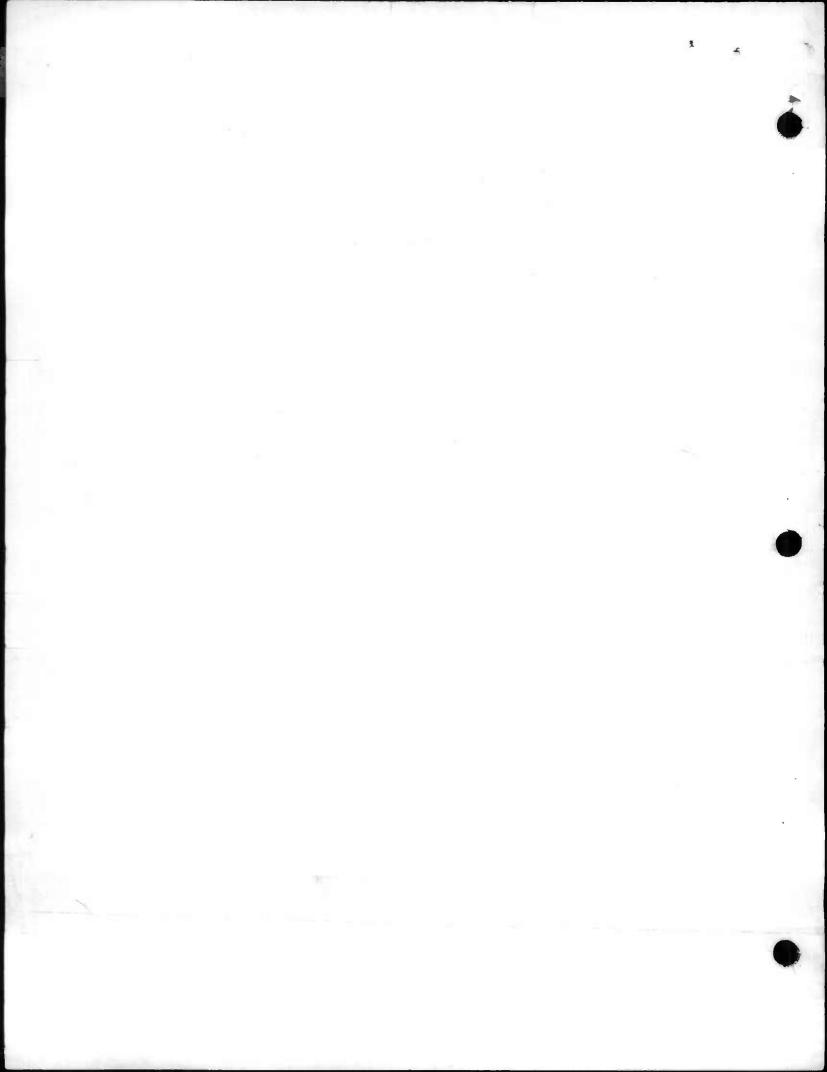
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TDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det		28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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11 16	th v	ark
Aft	dea	10
DR:	fter	00
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IMPORTANT: If item

	FOR 1 - STATE	STATE OF MARYL		IMENT OF H				
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CENTIF	ICATE OF	DEATH	REG. NO 2. DATE OF DEATH)	3. TIME OF DEATH
	James			Ch DO IE	IFIN	OCT OB EN	24.199	AR
		5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	6.6	IRTNPLACE (State or Foreign
3	215-62.1014	1-1 M 2 F 2	PB YRS.	MONTHS DAYB	NOURS MIN.	(Month, Day, Year)		ountry)
	9e. FACILITY NAME (If not institution, give stre	eet and number)	, 0	9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	OF DEATN
<u>ب</u>	Peninsula General 1	Hospital		Salish	oury, MD		Wi	comico
Ĕ	RESIDENCE OF DECEDENT	•						
DIRECTO	MD, 100. COUNTY	1613	10c. CIT	Y, TOWN OR LOCAT	bur			10d Thiside City Limits? 1 Yes 2 No
A	10a. STREET AND NUMBER	11			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	1/2 Nay/on	St			21801			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER				HC ORIGIN? (Specify Yan, Puarto Rican, atc.)	a or No14."	RACE — American Indian, Black, White, etc.
BY F	Never Married 2 Married 3 Wildowed 4 Divorcad	IF YES, GIVE WAR OR D			2 NO Specify			Specify: Black
	15. DECEOENT'S EDUC	ATION	I see DECEDENT'S	USUAL OCCUPATION	NA	16P KIND OF BI	JSINESS/INDUST	DV TO
	(Specify only highest grade of	completed)	(Give kind of life. Po NOT us	work done during mo	et of working	A CONTROL OF BR	JSINESS/INDUST	n i
3	Elementary/Secondary (0-12)	College (1-4 or 5+)	190	seples		an	yell	
COMPLETED	17. FATIMER'S NAME (First, Middle, Land)	0 0	1		18. NOTHER'S NA	ME (First, Middle, Maide	(enemy)	
	Lanes Va	Loverel	(A1.		Pata	erene -	thes	in
BE C	190 INFORMANT'S NAME THE	.//	195. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip Coo	(e)
2	GENDAN DE	ENNIS	84:	3 BRO	wn st	- SAUS.	mx 2	1801
	20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Ramo	eni teom State	PEACE OF DISPO	SITION (Name of cer	notycy, cremetory or	0 . 269	OCATION — City	or Town, Stata
	4 Donation 5 Other (Specify)	NS	neede	Ecres 7	Ledoral	Pork &	Elepe	4 Ad 21801
	21. BIGNATURE OF PYNERAL SERVICE LICE	NSEE	(22 NAME A	ADDRESH OF PA	TENI PA	me	0"
	rotussell	tests		P	n. Br	1574	SAVEST	hary Kd
	23. PAP Enter the diseases, or co			not enter the mo	de of dylng, suc	h as cerdiac or res	plratory arrest	
	lock, or heart fellure. L	ist only one ceuse on	each line.					Interval Between Onset end Death
	disease or condition	Cadino	1	Arm	-4			
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE C	F):				
Z	Securetially list conditions 6	Atherose	lentre		ascular	Ds.		
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE O	F):				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO OR AS	A CONSEQUENCE O					
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEGUENCE O	rj:				į
S		•						
_	BART II Other electricant conditions							
7		contributing to deeth		In the underlyin	g ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
JICAL				In the underlyin	g ceuse given in		ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	Typ-I	Diabetes mell		In the underlyin	g ceuse given in	PERF	ORMED?	AVAILABLE PRIOR TO
N: MEDICAL		Diabetes mell		In the underlyIn	g ceuse given in	PERF	ORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN: MEDICAL	Highertras	Diabetes mell		26. Pl	g ceuse given in	PERFO	ORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN: MEDICAL	Hapertins	Diabetes mell	itis	26. P	LACE OF DEATH (C)	PERFO	ORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL:	tpetient 3 15 DOA	26. PI OTHER: 4 Nursing Non	LACE OF DEATH (C)	PERFO	2 (20)10	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DONO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	tpetient 3 DOA	26. PI OTHER: 4 Nursing Non ME OF 28c. IN. JURY WC 1	LACE OF OEATN (C/	PERFO 1 YES neck only one) 5 Other (Specify) 28d. DESCRIBE NOW	PRMED? 2 DIO 2 DIO 2 DIO 3 INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accidant Investigation 3 Suicide s Could not be	HOSPITAL: 1 Inpatient 2 ER/OU 28a. DATE OF INJURY	tpatient 3 DOA 29b. TH	26. PI OTHER: 4 Nursing Non ME OF 28c. IN. JURY WC 1	LACE OF OEATN (C/	PERFO 1 YES seck only one) 6 Other (Specify)	PRMED? 2 DOIO 1 INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

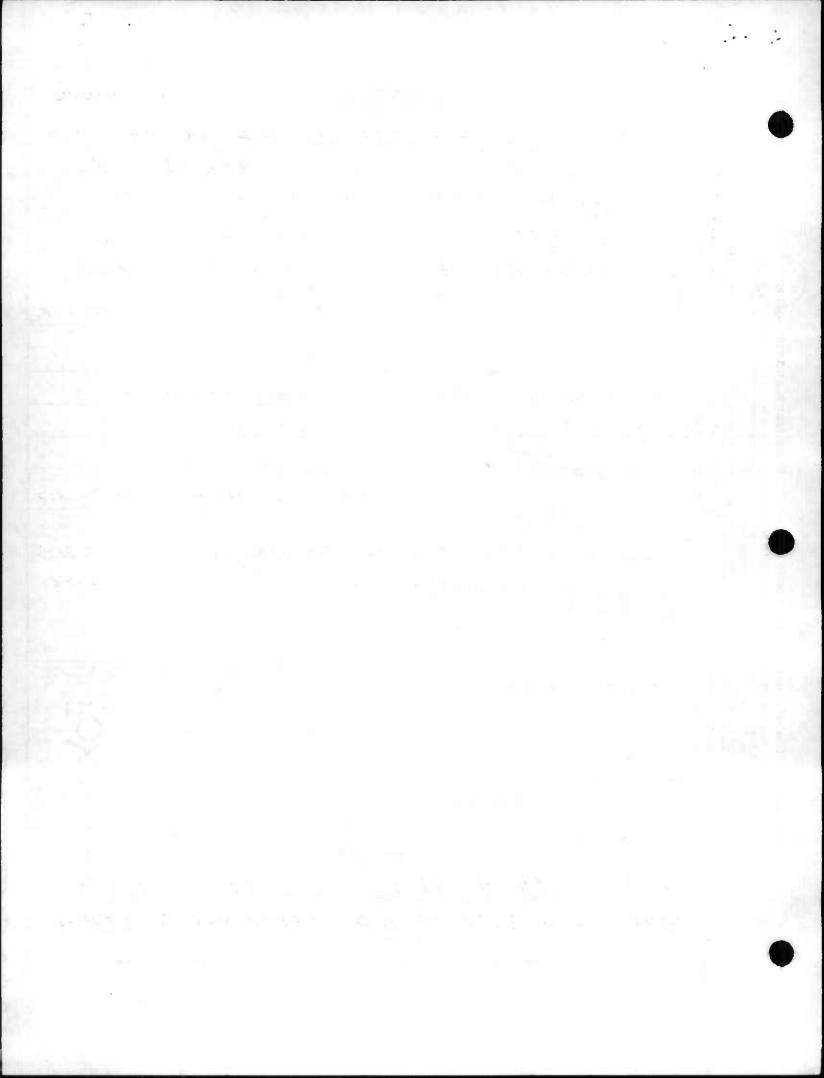
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4		FOR STATE
1	-	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90-37606

REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	E (SIH)	ONE LA	TIA	PEARSON	2. DATE OF DI	EATH DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIS (Mgath, Day,	Year)	8. BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give atr	_ ~	172.5	CITY TOWN	OR LOCATION OF DEA			NTY OF DEATH
MERCY MEDICA			-	LTIMO		J. 000	
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA				10d. INSIDE CITY
10a, STREET AND NUMBER				LTIM	ORE		LIMITS? 1 YES 2 NO IZEN OF WHAT COUNTRY?
2521 GATE.	HOUSE				207	7	U.SA.
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPANI ecity Cuben, Mexican 2 NO Specify:	, Puerto Rican,		14. RACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo tired.)	st of working	16b. KIND	OF BUSINESS/INC	DUSTRY
		1/1/	PAI				
17. FATHER'S NAME (First, Middle, Last) LINMARK ANT	ONIO 1	PEARSON	,	SANDR			FIKE
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	and Number or Rural R			
MERCY HOSP,	1	20b. PLACE AND DATE OF	DISPOSITION	PAUC	1 1		/ 1 0 < City or Town, State
Burial 2 Cremation 3 Remarks Burial 2 Other (Specify)		of cemetary, crematory or o					
> SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			C. BR		F.H., U	I NORTH AVE
IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	ATURI B A CONSEQUENCE OF): A CONSEQUENCE OF):		ENTER	OCOL	1715	Onset end Deatl 2 PAYS LIFE
BATT II Ohns slootless on distant							
MICROCEPH		Dut not resulting in t	ne undertyin	g ceuse given in i		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 XYES 2 \(\sqrt{1}\) NO
25. WAS CASE REFERRED TO MEDICAL			28 P	LACE OF DEATH (Che	ock only one)		
EXAMINER?	HOSPITAL:		THER:	ne 5 🗆 Residence		actfu)	
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME O	F 28c, IN	JURY AT DRK? YES 2 NO		E HOW INJURY OC	CURED
3 Suicide 8 Could not be 4 Nomicide detarmined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, stre- pecify)	et, factory, offic	20	281. LOCATION City or Tox		v or Rural Route Number,
ene)	CIAN: To the best of my kn R: On the basis of examina						nted.
296. SIGNATURE AND TITLE OF CERTIFIER	thelet	M.D.		DO35	88	>	TE SIGNED (Month, Day, Year)
80. NAME AND ADDRESS OF PERSON WHO	GUTBEI	RLET, M	, D, -	MERC	YM	FPICA	LCENTER
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE CONTRACTOR					



Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

funeral director, page 5 should be detached for use as the burial-transit

notified at BE 9

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the medical examiner

injury, or other traumatic CERTIFICATION

IMPORTANT:

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MEDICAL

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerrours after	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled In by th filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or remov	PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH NOVEMBER Wallace 7. OATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 1 € M 2 □ F 90. FACILITY NAME (# PENINSULA 96. CITY, TOWN OR LOCATION OF DEATH SALISBURY not institution, give street end number)

GENERAL HOSPITAL * WYTOM PET RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b, COUNTY 10e. STATE KE, omi 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 184 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yee, specify Cuber, Mexican, Puerto Ricen, etc.)
1 YES 2 NO Specify: 1 Never Merried 2 Merried 3 Widowed 4 Divorced 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life/ Do NOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) EMER 17. FATRER'S NAME (First, Middle, Last, 18. MOTHER'S NAME (First, 20e METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Ren
4 Donation 5 Other (Specify) 20b. PLACE OF DIS oval from State coke 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF shock, or haart fallure. List pnly pna cause on sach lina. IMMEDIATE CAUSE (Final Reval Lalure disease or condition reaulting in death) OUE TO (OR AS A CONSEQUENCE OF) Sequantially list conditions, if any, lauding to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algolificant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:

ISEMAKER Md 21801 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata interval Between Onset and Death 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 NES 2 NO HOSPITAL:
1 Inpetient 2 ER/Outpatient 3 DOA 1 | YES 2 | NO 5 Residence 8 Other (Specify) 27, MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and menner es stated. 2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) all D26613 ► 11.21.90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Crouch MO Re rd 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 02 1991 a Davidson-Randale

90-37607

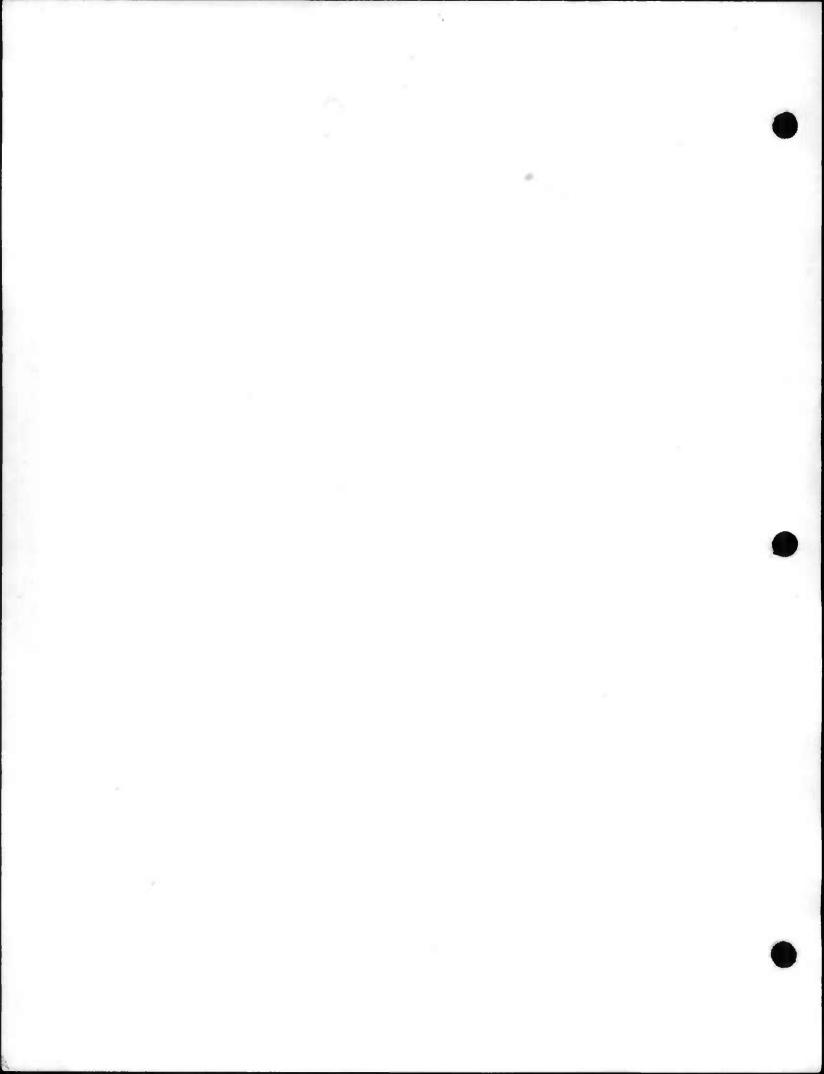
1300 8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Bleck, White, etc.

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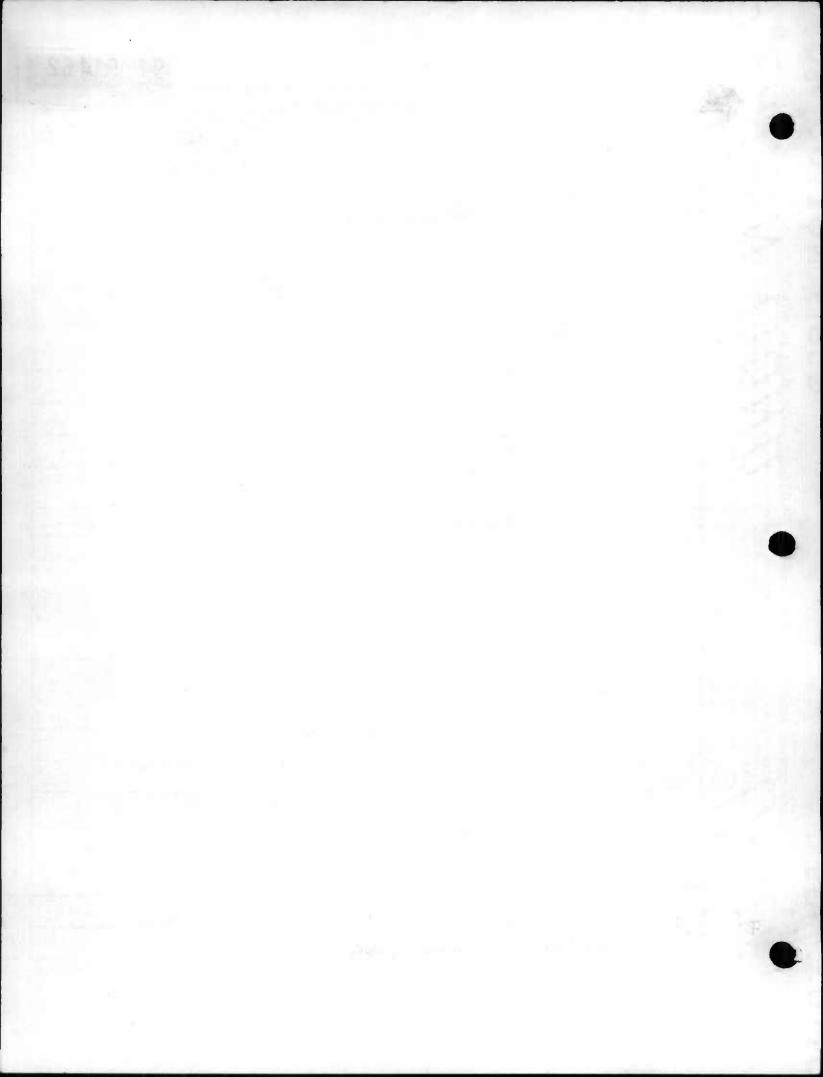
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AL RECORDS, P.O. BOX 13146,	he law requires that the death certificate be executed within an mours after death. Page 6 may be retained by the hospital or attending pl	s has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by a bept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	FOR	STATE OF MARY	Land / Depart	MENT OF HEALTH A	ND MENTAL HYGIEI	, ,	- 37608
ie.	1 - STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last	· 1.				DAY YEA	
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24		9 90	RTHPLACE (State or Foreign
	215-26-4246	1 M 2 🗆 F			MIN. (Month, Pay, Year)		ountry)
	Sa. FACILITY NAME (If not institution, give	street and number)	1-	b. CITY, TOWN OF LOCATION	OF DEATH	9c. COUNTY 0	F DEATH
	Louen My	suna Cos	nter	Baltin	are)	Cots	1
I	RESIDENCE OF DECEDENT 10a. STATE // 10b. COUN	TY 1	10c. CITY,	TOWN OR LOCATION		1	10d. INSIDE CITY
	md. D	archester	Ca	mbrida	0)	0	1 YES 2 NO
ı	10a. STREET AND NUMBER	N . I -		101. ZIP CODE	1.0	10g. CITIZEN	OF WHAT COUNTRY?
	TW# L	Doy 48		214	13	11.	8.
ı	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 (2) YES IF YES, GIVE WAR OR	2 NO	If yes, specify Cuberi, I	HISPANIC ORIGIN? (Specify V Mexican, Puerto Rican, etc.)	es or No 14. R	IACE — American Indian, Hack, White, etc.
	3 Widowed 4 Divorced	1948	- 5-1	1 🗆 YES 2 🖾 NO	opeany.	B	lack
	15. DECEDENT'S ED (Specify only highest gra-		16a, DECEDENT'S U (Give kind of wo	rk done during most of working	16b. KIND OF B	USINESS/INDUSTR	Y .
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffs. Do NOT use	Day la	Stort	1	21
	17. FATHER'S NAME (First, Middle, Lest)	_ ^ A	// [10. MOTHER	R'S NAME (First, Middle, Maide	n Sumptifie)	1
	Thomas	Molnek	/	Wet	ances 1	Pina	er
	19a. INFORMANT'S NAME (Type/Print)	201	19b. MAILINO A	DDRESS Street and Number or	Ruffl Flouts Number, City or R	were State John Cook	1 00
	glosse //	alach.	3/3	Brunda	8 6 6 M	when	dayl
	20a. METHOD OF DISPOSITION 1 During 2 Cremation 3 Re	moval from Stata	other place)	10M (Namy of cemetery, cremato	ory or 20c. L	OCATION - CHYM	r Town, State
	4 Donation 6 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE I	LICENSEE	W D/	22. NAME AND ADDRESS	OF FACILITY .	mara	1111
	> Trough	Pan		P.O. Boy	928	y unl	lock ml
	23. PART I. Enter the diseases, o	r complications that cause. List only one cause on		t enter the mode of dying	, such as cerdiac or res	piratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	11	1 .				Onset and Death
	disease or condition resulting in death)	· Hypele	A CONSEQUENCE OF	~			mont
		by the lost va	1 a 1	1 61	Δ.		Vo marel
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	inn ?			o month
	cause. Enter UNDERLYING CAUSE (Disease or Injury	с					
	that initiated events	DUE TO (DR AS	A CONSEQUENCE OF)				
		d					
	PART II. Other aignificent condition	one contributing to death	but not resulting in	the underlying cause giv	ren in Part I. 24a. WAS /	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 🗆 YES		OF DEATH?
						,	1 U YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			98 DI APE DE 051	TH (Check only one)		
	EXAMINER? 1 YES 2 X NO	HOSPITAL:	rinetient 3 🗆 DOA	OTHER:	dence 6 Other (Specify)		
	27. MANNER DE DEATH	28a. DATE OF INJURY	7 28b. TIME	OF 28c, INJURY AT	28d. DESCRIBE HOV	V INJURY OCCURE	D
	1 Natural 5 Pending Investigation	(Month, Day, Year)) INJU	RY WORK? 1 YES 2 1	NO		
	3 Suicide 8 Could not b	28e, PLACE OF INJUI	RY — At home, ferm, st	reet, factory, office	28t. LOCATION (Stree City or Town, Ste		ural Route Number,
	4 Homicide determined						
- Lucion	(Critical Unity	YSICIAN: To the best of my kno					
5	2 U MILIALA EXAMI	NER: On the basis of examinat	tion and/or investigation		The Partie of the Parties of the Par		
DE	29b. SIGNATURE AND TITLE OF CENTIF			29c. LICEN	SE NUMBER	29d. DATE SIG	INED (Month Day, Year)
2	3/. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	1 1 3	6840	1, 1,	120190
N.	Total Va H	Zailic La		4940 East	Λ	7-1	21332
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S1. DATE FILED (Month, Day, lear) 9 191

O COMPLETED CONTROL OF THE SURE DAVIDSON - Pandall

DHMH-16 Rev 1/89



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DIVISION	

use as the burial-transit permit. Pages 1, 2, 3 should or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extroors after death. Page 6 may be retain TO THE PUNEFAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.

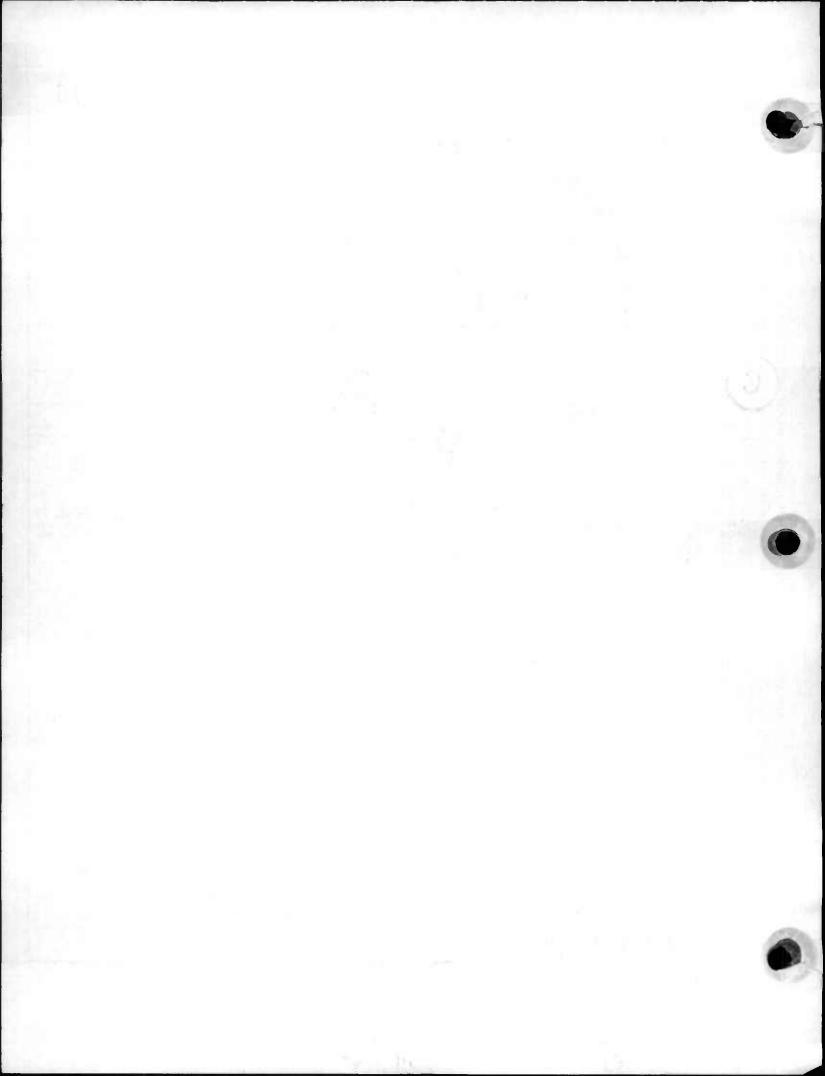
IMPORTANT: If them 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be nottlift

BALTIMORE, MARY AND 21203-3146

	AME (First, Middle, Last)	lichael	11 =		cate edsoe				2. DATE (MONTH	16-90	Y YE	RAS	TIME OF DEATH 2:15PM N
4, 90	COL SECURITY NUMBER	5. SEX	6. AOE (In yrs. lest t	_	IF UNDER		IF UNDER	24 HRS.	7. DATE C	F BIRTH	8. 0	BIRTHPL	ACE (State or Foreign
2	214 56 7541	1_ M 2 F	40	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month)	Day, Year)	_ `	Country)	
	FACILITY NAME (If not institution, give str	43	-10		9b. CITY,	TOWN OF	R LOCATH	ON OF DE			9c. COUNTY	OF DEAT	M
10	111 W. Center					Balt	imo	re Ci	ity				
The real Property lies	STATE 10b. COUNTY			10c CITY	r, TOWN O	B LOCATE	ON					10	d. INSIDE CITY
100.		ltimore						tre	St :	BALTI	MORE	1	LIMITS?
10e. S	STREET AND NUMBER					_	ZIP COO						T COUNTRY?
	111 W. Centr	e Stree	t				2120	0 1					
10	Never Married 2 Married Widowed 4 Bitvorced		T EVER IN U.S. ARM YES 2 NO		- 1	f yes, spe	offy Cuba	OF HISPAN on, Mexicar Specify:	, Puarto F	? (Specify Yea Ican, atc.)	or No.— 14.	Specify:	American Indian, White, etc.
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E	15. OECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)	College (1-4 or 5 +	(Give	e kind of v Do NOT us	USUAL Of work done (ne retired.)	during mos	n et of worldi	ng	100.	KIND OF BUS	SINESS/INDOS	ini	
17. FA	ATHER'S NAME (First, Middle, Last)					ð	18. MOT	HER'S NAI	ME (First, A	liddle, Maiden	Surname)		
19a. I	INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	S (Street ar	nd Numbe	r or Rural R	loute Numb	er, City or Tow	n, State, Zip Co	de)	
21. 5 23. IMM dise	PART I. Enter the diseases, or cahook, or heart fellure. I	complications the List only one cau		ith. Do i	for anter	55 the mod	W .	ring, sucl	S imo	re St	, Bal	lto,	MD 2120 Approximate Interval Betwee Onset and Deep
	coron increasing	ì											
Seq if a cau CAU that	quentially list conditions, iny, leading to immediate use. Enter UNDERLYING USE. Closese or injury it initiated events witing in death) LAST	c	(OR AS A CONSEO		F):								
Seq if an cau CAL that read	iny, leading to immediate use. Enter UNDERLYING USE (Disease or injury it initiated events uniting in death) LAST	DUE TO	(OR AS A CONSEO	OUENCE O	F):	nderlying	g ceuse		Part I.	24e. WAS AND PERFO	RMED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
Seq H as cau CAL that read PAF	Iny, leading to immediate use. Enter UNDERLYING USE (Disease or injury it initiated events suiting in death) LAST RT II. Other aignificant condition WAS CASE REFERRED TO MEDICAL	DUE TO	(OR AS A CONSEO	OUENCE O	F): in the u	26. PI			_	PERFO	RMED?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Seq if a cau cau cau cau cau cau cau cau cau c	any, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at initiated events suiting in death) LAST	DUE TO d. a contributing to HOSPITAL:	(OR AS A CONSEO	esulting	F):	26. PI	LACE OF	given in	eck only o	PERFO 1 XXES	RMED?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Seq if a cau CAL that read PAF	Iny, leading to immediate use. Entar UNDERLYING USE (Disease or Injury it initiated events uiting in death) LAST RT II. Other algnificant condition WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO d. a contributing to HOSPITAL: 1 inperian: 28a. DATE Of (Morth, i	o (OR AS A CONSEO deeth but not re ER/Outpatient 3 F INJURY Day, Year)	DUENCE O	OTHE	26. PI Pt: raing Hom 28c. INJ WC	LACE OF JURY AT JRK?	given in DEATH (Ch	6 Othe	PERFO 1 XXES: 10 YES: 11 YES: 12 YES: 12 YES: 13 YES: 14 YES: 15 YES: 16 YES: 17 YES: 18 YES: 18 YES: 18 YES: 18 YES: 19 YES: 10 YE	RMED? 2 NO INJURY OCCU	XX	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY PARTY YES 2 NO
Sequification Cauchy CAAt that read PAF	WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO MANNER OF DEATH Pending Pending	BOUE TO d. a contributing to HOSPITAL: 1 inpatiant 2 28a. DATE O (Month, inc.)	deeth but not re	DUENCE O	OTHE	26. PI Pt: raing Hom 28c. INJ WC	LACE OF JURY AT JRK?	given in DEATH (Ch	6 Other	PERFO 1 XXES: 10 YES: 11 YES: 12 YES: 12 YES: 13 YES: 14 YES: 15 YES: 16 YES: 17 YES: 18 YES: 18 YES: 18 YES: 18 YES: 19 YES: 10 YE	RMED? 2 NO RNJURY OCCU	XX	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
DONALD WRIGHT, MD
111 Penn Street, Baltimore, MD 21201 July MEGISTRAR'S SIGNATURE 31. JAN 1 6 1991

/C



NSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should the detached for use as the burlal-transit permit. Pages 1, 2, 3 should the detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit.	forms of the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Pag	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral directions and the complete of the complete of Health and Manual Human and to have a fundament of the complete of the compl	the property of them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE O	F DEATH	2 DATE	REG. NO.	-	3 TH	E OF DEATH
M	Made Velts		22		12	DAY	90	9	:08 AM
		E (In yrs. last birthday) 95 YRS.	IF UNDER 1 YEAR		7. DATE (Month)	DE BIRTH Day, Year) 18-1895	Co	atvia	(State or Foreign
9a. FACILITY NAME (If not institution, give street Calvert County RESIDENCE OF DECEDENT		enter		on Location of Di ce Freder		9c.	Calv		
Maryland Calv	vert			rederick				10	NSIDE CITY JMITS? YES 2XX NO
85 Hospital Road	1			101. ZIP CODE 20678		10g	U.S.		OUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 WMdowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2XNO	If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2XXNO Specif	in, Puerto F		8	ACE — Amiliack, White pecify: Whi	
15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		Ille. Do NOT us	work done during		16b.	Art	S/INDUSTR		
17. FATHER'S NAME (First, Middle, Lest) Peter Beitans				Mad	e Ros	Middle, Meiden Sume Senberg			
198. INFORMANT'S NAME (Type/Print) Andris Neimans	6			et and Number or Rural Drive, F					744
20a. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 □ Remove 4 ⋈ Donation 5 □ Other/Specify)	al from State	20b. PLACE AND DAT			OATI		hesda		ota
21. SIGNATURE OF PUNERAL SERVICE LICEN		fmens	Gar	AND ADDRESS OF FA y L. Kaufi 5 Main St	man F	uneral I	lome	212	27
23. PART I. Enter the disease, or conshock, or heert feture. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR A	ect line.	Sho	_	ch ee csrc	lisc or respiretor	ry srreet,		Approximate Interval Betwee Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):						<u></u>
PART II. Other eignificent conditions	contributing to deet	h but not resulting	In the underl	ying cause given in	Part I.	24a. WAS AN AUTO PERFORMED 1 YES 2 1	7	OF D	AUTOPSY FINDIN ABLE PRIOR TO LETION OF CAUSI EATH? YES 2 NO
	HOSPITAL:	Outpetlant 3 🗆 DOA	OTHER:	, PLACE OF OEATH (C	- 0	Services .			
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	25a. DATE OF INJUI (Month, Day, Yea	RY 26b. TIN	JURY	INJURY AT WORK?	26d. DES	SCRIBE HOW INJUR	Y OCCURE	D	
3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (URY — At home, farm, Specify)	street, factory, o	office		ATION (Street and A or Town, State)	lumber or Ru	ıral Route I	lumber,
29a. CERTIFIER	AN: To the best of my k	other services				Commercial devices	-000-0		

OF OEATH (ITEM 27) (Type, Print)

120 Hospital Rd, #200, Prince Frederick, MD

Johnathan Lowenthal, M.D.,

20678

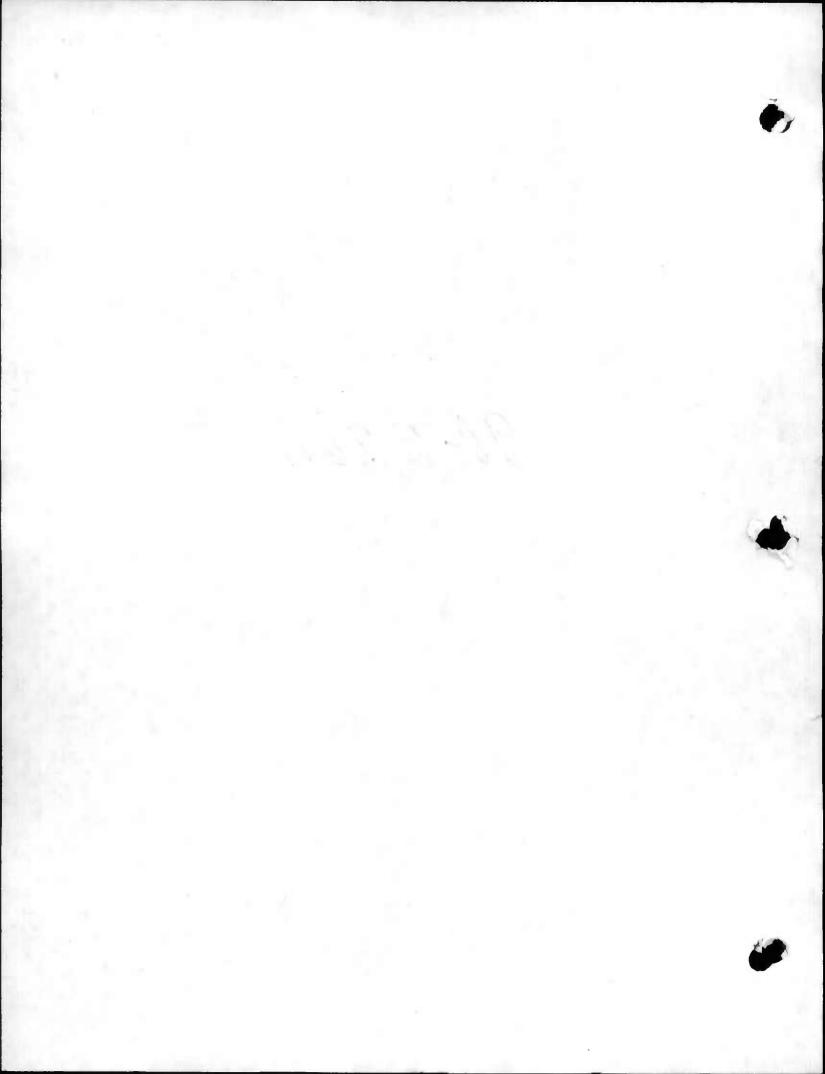
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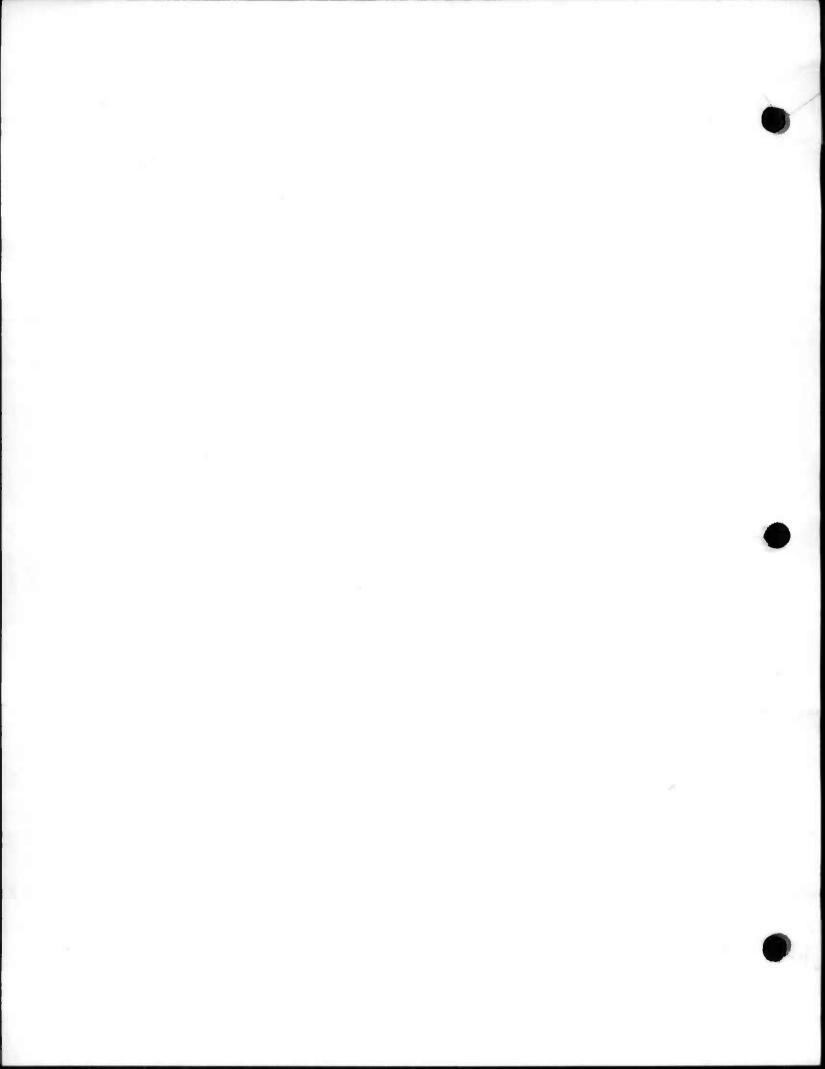


TO BE COMPLETED BY FUNERAL DIRECTOR

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
5	THE HOSPITAL OR	O THE FUNERAL DIRI	MPORTANT: If Item
	-	- 0	-

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART				HYGIENI REG. NO.	90	-37612
1. DECEDENT'S NAME (First, Middle, Leat)					2. DATE OF	DEATH DA	, ur	3. TIME OF DEATH
Peter	<i>V</i> .		Leo		MONTH 7	5	90	8:00 P. M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, I		8. E	BIRTHPLACE (State or Foreign country)
193-30-8173	1 M 2 F	53 YAS.			1-14	-1937		st Chester Pa
9a. FACILITY NAME (If not institution, give	atreet and number)			OR LOCATION OF DE			9c. COUNTY	
Holloway Beach			Northe	east Rive	r		Ceo	271
10e, STATE 10b, COUNT	Y	10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
	hester	Ker		<u>juare Bor</u>	ough			1 TYES 2 NO
10e. STREET AND NUMBER			10	f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
	Union Street		45 1110 55	1934			U.	
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEOENT EVER FORCES? 1 (2) YES	2 NO	If yes, s	CENDENT OF HISPAN Decify Cuban, Mexica	n, Puerto Ric	(Specify Yea an, etc.)		RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 YES	3 2 NO Specify	<i>f</i> :		- 1	Specify: white
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S U	JSUAL OCCUPATI ork done during m	ON not of working	16b. K	IND OF BUS	INESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)	oat or working				
12	0	TRuck	Driver	,			Trucki	na
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
	(deceased)							eceased)
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural I				
Kathlyn Bar		Db. PLACE OF DISPOSE		Place Wi	lming	_	De Lawa	
1 Durial 2 Cremation 3 Ref 4 Donation 5 Other (Specify)		other place)		Company			-	
21. SIGNATURE OF TUNERAL SERVICE L	ICENSEE 0	R.A. Perr	· · · · · · ·	IND ADDRESS OF FA	CILITY	West	Chest	er. Pa. 19380
600	1 (Pa	la.	0-	The Car	1	to	21000	run, Md
/ richara	-a. go	, 400	7) • (. 1000		1 1-4	20119	21911
23. PART i. Enter the diseases, or shock, or heart failure	List only one cause on		ot antar tha m	oda ot dying, auc	n aa cardia	ic or reepi	ratory arrest,	interval Between
IMMEDIATE CAUSE (Final disease or condition								Onset and Death
resulting in death)		ning A CONSEQUENCE OF	.					
_	302 (3)(3)	, constant of	,.					
Sequentielly liet conditions, if eny, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF):					
ceuse. Enter UNDERLYING	G							
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
resulting in death) LAST	d						_	
PART ii. Other significant condition	ons contributing to death	but not resulting in	n the underlyis	ng cause given in	Part i.	24s. WAS AN		24b. WERE AUTOPSY FINDINGS
						PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE
					_	1 DQ 1123 2		OF DEATH? XXYES 2 □ NO
					_			7624
25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (Ch	neck only one)			
EXAMINER? XX YES 2 \(\square\) NO	HOSPITAL: 1 Inpetient 2 ER/O	stpatient 3 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Residence	a XX ther	(Specify)	scene	
27. MANNER OF DEATH	28e. OATE OF INJUR (Month, Day, Year			JURY AT	28d. DESC	RIBE HOW I	NJURY OCCUR	ED
1 Natural 5 Pending 2 Accident Investigation	7 4 00	3:00		YES 2 X NO	subj	ect f	ell fr	om boat
3 Suicide 8 Could not be	28s. PLACE OF INJU- building, atc. (S)	RY — At homa, farm, a pecify)	treet, fectory, off	Ice	City or	Town, State!		Rural Route Number,
4 Homicide determined		wate	er		Nort	h Eas	t Beac	h,Cecil Co.,Mo
TOTAGON OTHY	SICIAN: To the best of my known tension of examination of examinations and the second examination of the second examinatio							suse(a) and menner as stated.
390 SIGNATURE AND TITLE OF CERTIFI	ER ON III	(V)	1 /	29c. LICENSE NU	MBER			GNED (Month, Day, Ybar)
1 lever +	· Hall	\rightarrow	M	OCME			7	-6-90
Mario F. Goll				Penn St.	, Bal	to.,	Md. 2	1201
31. DATE FILED (Month, Day Year)	32. REGISTRAR'S SI	SNATURE	100		16			

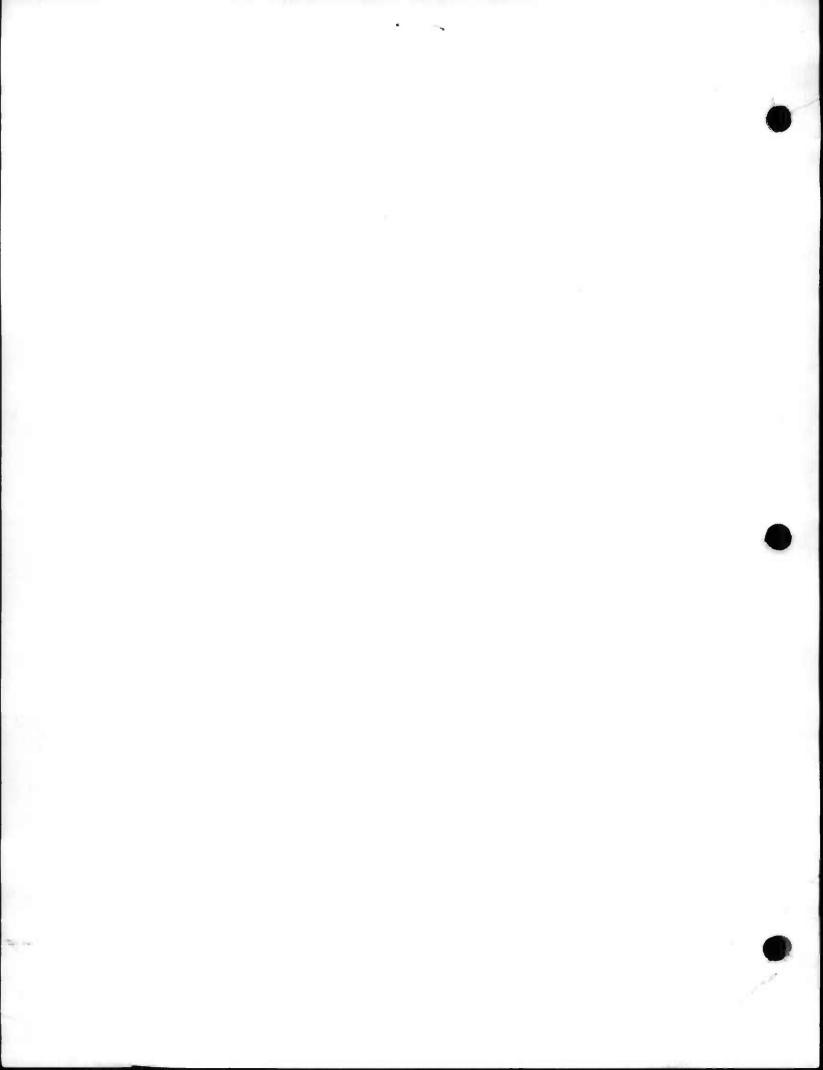


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a current date. The gap 6 may be retained by the hospital or attending by the true true of the conflictate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be tilled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

	Certif.verified	W/M.E STATE OF N	MARYLAND /	DEPAF	RTMENT	OF HEA	LTH	AND N	MENT		90	2-3	7613
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		- C	EHIIF	ICATE	OF D	EAI	Н	2 OAT	REG. NO.		J	3. TIME OF DEATH
			ease 1	Elsi	e Ga	rdn	er		DE	C 25	19		м
	4. SOCIAL SECURITY NUMBER 214-09-1498 B	5. SEX 1 M XXF	8. AGE (in yrs. la 84	st birthday) YRS.	MONTHS 0		UNDER	24 HRS. MIN.	7. OAT (Moi	E OF BIRTH 100 / 25/19	06	Count	HPLACE (State or Foreign try) ENNESSEE
~	9e. FACILITY NAME (if not institution, give str		- L		9b. CITY, T				ATH			NTY OF E	
5	2106 N. Pulask	1 Stree	et		Вал	tim	ore	e Ci	ту				
DIRECTOR	100. STATE 10b. COUNTY Maryland				Y, TOWN OR Balti			City	7				10d, INSIDE CITY LIMITS? XXYES 2 \(\) NO
	10e. STREET AND NUMBER					101. ZI	CODE				10g. CIT	ZEN OF	WHAT COUNTRY?
EB	1627 Division						2	1217	7		1	USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	N y	es, specif	y Cube		n, Puert	iN? (Specify Yee o Rican, etc.)	or No—	11.00110	E — Americen Indien, k, White, etc. ally: Black
	15. DECEOENT'S EDUC (Specify only highest grade of	ATION completed)	18e. Di	ECEDENT'S Sive kind of	Work done dur	UPATION ing most of	workin	ng .	10	8b. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementery/Secondary (0-12) High School	College (1-4 or 5			aker								
E CON	17. FATHER'S NAME (First, Middle, Last) Arch Thomison					11	. мотн			e B Ke			
TO BE	190. INFORMANT'S NAME (Type/Print) H. Wendell Gard	ner	19							t, Bal			, MD 21217
	20e, METHOD OF DISPOSITION		20b. PLACE	OF OISPO	SITION (Name		_						own, State
	4 ☐ Donetion 5 ☐ Other (Specify)	val Irom State	Mary		Nat	t M	em	. Pa	ark	Lau	rel	, P	.G. Co. MD
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE	1.1	_	22. N/	MEAND	DDRE	SS OF FAI	CILITY	1 Home	· S .	Tnc	. 21216
	Herber	13 t	tun	er									Balto., MD
	23. PART i. Entar the diseasea, or contact ahock, or haert fellure. L				not antar ti	na moda	of dy	ing, suci	h as ca	ardiac or respi	ratory ar	reat,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition	1	10 (115	α		1	100	pot			Onset end Death
	resulting in deeth)	DUE TO	(OR AS A CONSI	EOUENCE C		2 C		AY	/ /	31			20-30 h
NO	Sequentially list conditions,	mo	OR AS A CONSI	- A	bd	on	. 6-1	na		Sur	cer	1	11 lays
ATI	if eny, leeding to immediate ceuse. Enter UNDERLYING	C	OH AS A CONSI	14 an)r):		1	17	10	@1/2	9 V	1	36mg
IFIC	CAUSE (Disease or injury thet initieted events	OUE TO	(OR AS A CONSI	EOUENCE C	Mr. q	0	1	10		000			
CERTIFICATION	resulting in dasth) LAST	1											
	PART II. Other eignificent conditions	contributing to	death but not	resulting	in the und	arlying o	auea	given in	Part I.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL									_	1 TYES 2	□ NO		COMPLETION OF CAUSE DF DEATH?
Σ													1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL						E OF O	EATH (Ch	eck only	one)			
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	ng Ho <i>m</i> e	5 0 R	eeldence	s 🗆 o	ther (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending investigation	28e. DATE OF	F INJURY Day, Year)	28b. TII	ME OF 1 IJURY M	8c. INJUR WORK 1 YES	?	□ NO	28d. [DESCRIBE HOW I	NJURY O	CCURED	
red BY	2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE (building	OF INJURY — At I	nome, lerm,	street, lector	y, office				OCATION (Street in lifty or Town, State)		er or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one)	The second second second											a., c.,
Ö	2 MEDICAL EXAMINE		vaemination end/o	rinvestigat	ion, in my op	-				me end place, en			(e) end manner es stated.
TO BE	CUZENE H	11/2	ndh	P			9	ENSE NUI	1	07	29d. DA	TE SIGNE	D (Month, Day, Year)
F	30. NAME AND ABORESS OF PERSON WHO	COMPLETED CAL	ISE OF DEATH (IT	35 A	e, Print)	de	al	1	it				· ·
	31. DATE FILE (2 871990		VEC SIGNATURE		1.								



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AN; The law requires that the death certificate be executed within: "Yours after death. Page 6 may be retained by the hospital or attending physician	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-mini form. Press. 2, 3		
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the hospita	detached 1		r hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIRECTOR

FUNERAL

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CERTIFICATION

PHYSICIAN: MEDICAL

BY

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296. SIGNATURE AND THE OF CERTIFIER

DEC 2 8 1990

30. NAME AND ADDR

31. DATE FILED (Month, Day, Year)

marked,

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FUNERAL D HOSPITAL

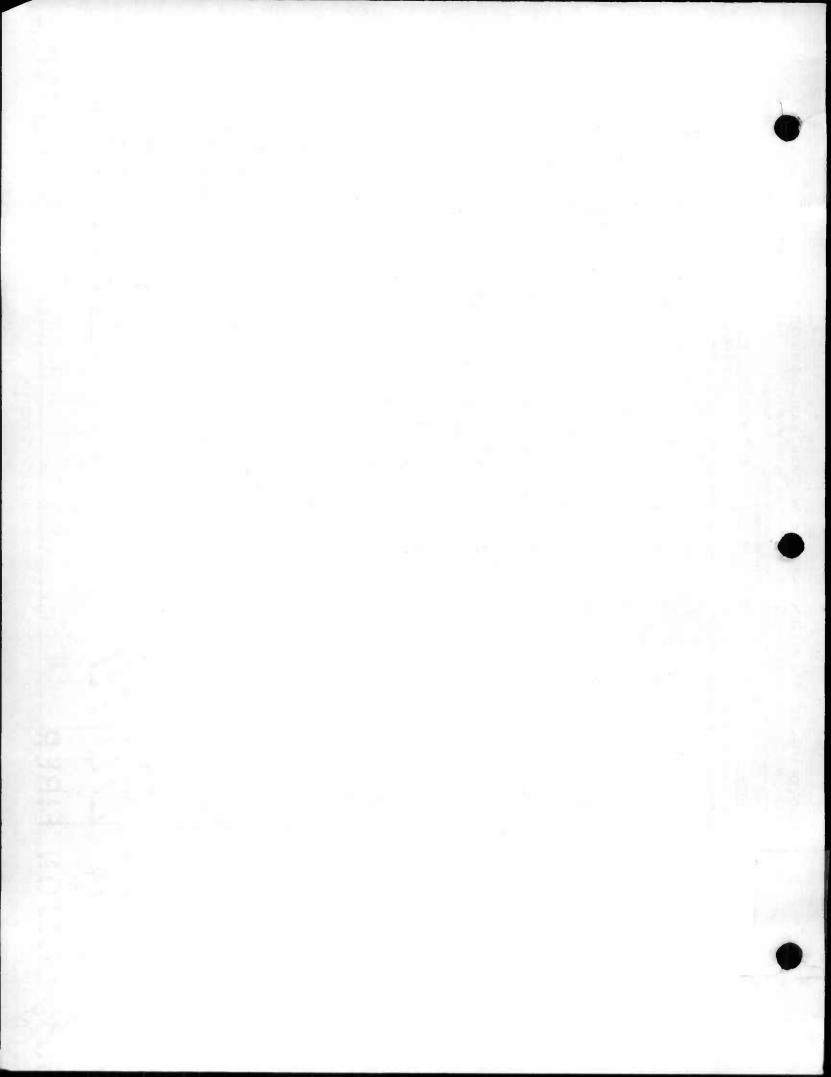
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TO THE FUNERAL be filed within 72 IMPORTANT: II

Verified w/ ME 4/28/92 kam 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 12-24-90 DAY Raymond Peters 2:20 AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 8. AGE (in vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-16-4330 DAYS 1 XM 2 F 97 YRS Jan 31 1893 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH 4008 West Franklin Street Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10e. STATE Maryland 1XX YES 2 □ NO Baltimore 10e STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 4008 west Franklin Street 21229 II. S. A. 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: 3 X Widowed 4 Divorced **Black** World War 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple IAL KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Waterman Newcomb. Seafood Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Georgianna Polk Albert Peters 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Balto., MD 21229 Evelyn Wilson 4008 W. Franklin Street 20e. METHOD OF DISPOSITION

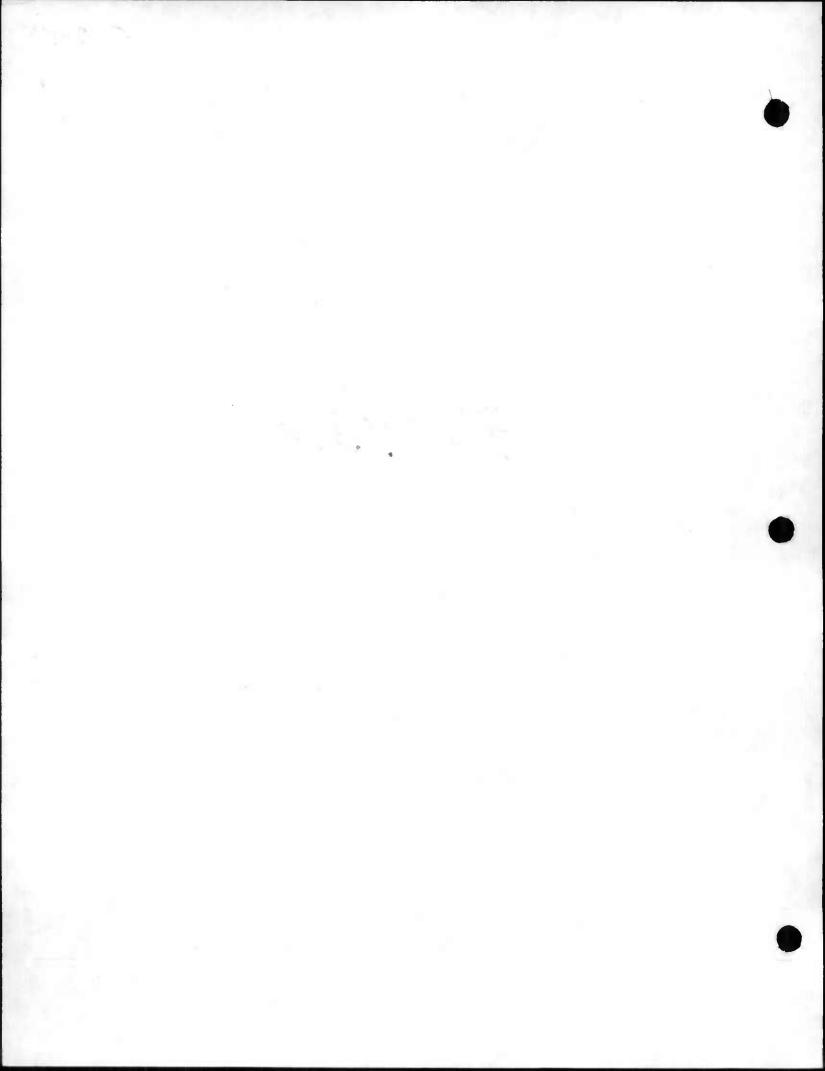
1X Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Donation 5 Other (Specify) Family Cemetery White Haven, Maryland 21 SIGNATURE OR FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 emm 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete ahock, or heart failure. List only one cause on each line interval Retween **Onset and Death** IMMEDIATE CAUSE (Fine) disease or condition Undetermined Natural Causes reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate OUF TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO Colon Ca - resected COMPLETION OF CAUSE OF DEATN? 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Nome 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined 4 Homicide 29a, CERTIFIER 1 🗡 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 12 26 SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) more 3 REGISTRAR'S SIGNATURE



1551/6

cert # 90-37615



la _{lissed}				
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARWAND 21203-3146	OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within 24 - 5 after death. Page 6 may be reformed by the plan attending physician.	DIRECTOR. After this certificate has been signed by the attending plyician and completely filled in by the funeral director, page 5 th attention of the property of the pages 1, 2, 3 should	hours after death with the State Lept, of Heath and Mental hygiene prior to buriar, clematoric, or removal. Now, 38 is marked or them 33 shows any injury or other fraumatic event, the medical examinar must be notified at once.	TOTAL OF THE PARTY

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 90 0530 28 Keaton, Baby Girl 6 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State MONTHS DAYS 1 M 2 7 F YRS Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 100. STREET AND NUMBER 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White atc. If yee, epecify Cuben, Mexicen, Puerto Ricen, etc.) 1 Never Married 2 Married 1 YES 2 NO IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced ED 180. DECEDENT'S USUAL OCCUPATION 18b. KIND OF DUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade complete ET Elamantery/Secondary (0-12) College (1-4 or 5 +) COMPI 17, FATHER'S NAME (First, Middle, Last) 1a. MOTHER'S NAME (First, Middle, Melden Surneme) BE 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, Stele 1 Deriel 2 Cremation 3 Removal from State 4 □ Donellon 8 □ Other (Specify) in-state em 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY anatomy ▶ State Anatomy Board State Board Baltimore Md. 23. PART I. Enter the diaeaeae, or complications that caused the deeth. Do not enter the mode of dying, euch as cerdiac or respiratory errest, **Approximate** shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel disesee or condition + kl Cardiac arrest reculting in death) DUE TO (OR AS A CONSEQUENCE OF): Extreme prematurity CERTIFICATION Sequentially flat conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disessa or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted evente reaulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL COMPLETION OF CAUSE 1 TYES 27 NO 1 TES 2 1 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO [Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 9 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b, TIME OF 1 🔯 Natural 5 Pending investigation 1 YES 2 NO BY

29e. CERTIFIER

Theat and

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and memor se stated

28e. PLACE OF INJURY — At home, ferm, etreet, fectory, office building, etc. (Specify)

29d. DATE SIONED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

D-23751

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Kathleen Stevens, M.D., Sinai Hospital, 2401 W. Belvedere Ave., Balto., Md.

31. DATE FILED (MONTH) 04: 11991

8 Could not be determined

2 Accident

3 Sulcide

COMPLETED

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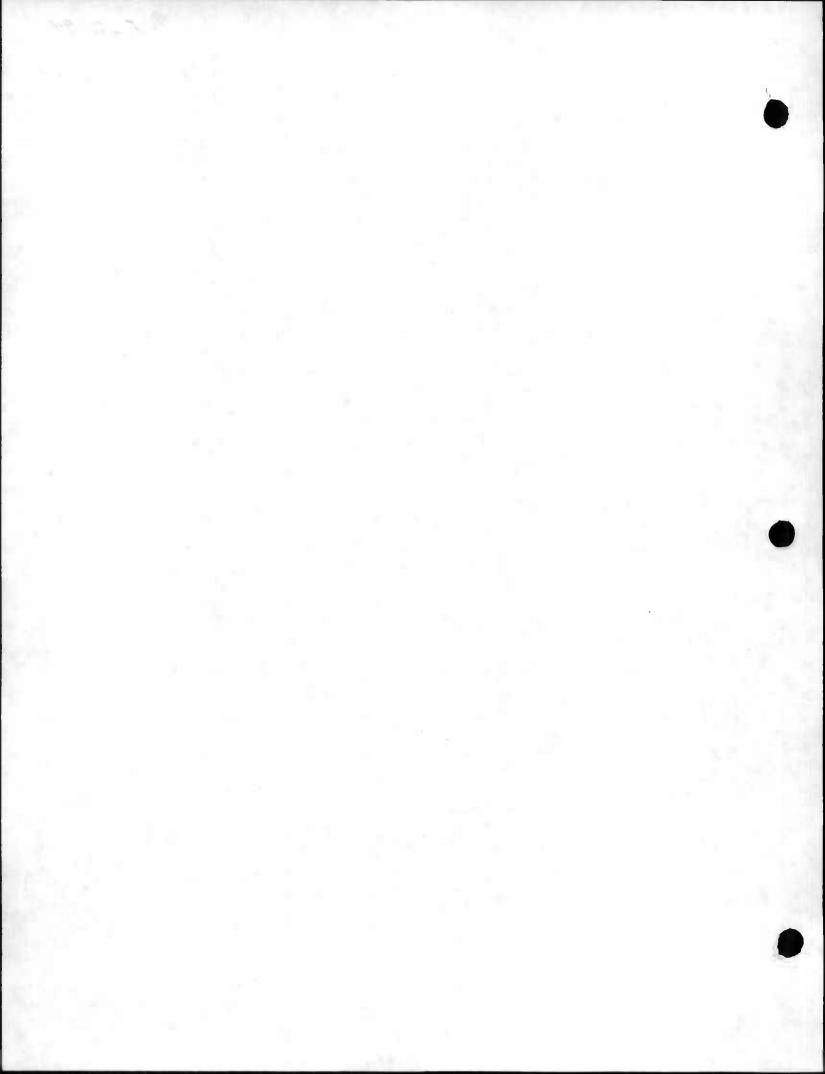
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HOSPITAL (FUNERAL (WITHIN 72 h TO THE HOSPITA
TO THE FUNERA
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IMPORTANT: 18

12. REGISATIAN'S SIGNATUTE THE DELLE

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281. LOCATION (Street end Number or Rural Route Number, City or Town, State)



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E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burian	b within 21 flows after beath with the State beg. On regain and wenter in the medical examiner must be notified at once. RTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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IMPORTANT: 12

Robert E. Sayers, LTC, USAF, MC

31. OATE FILEO (Month, Day, Year)

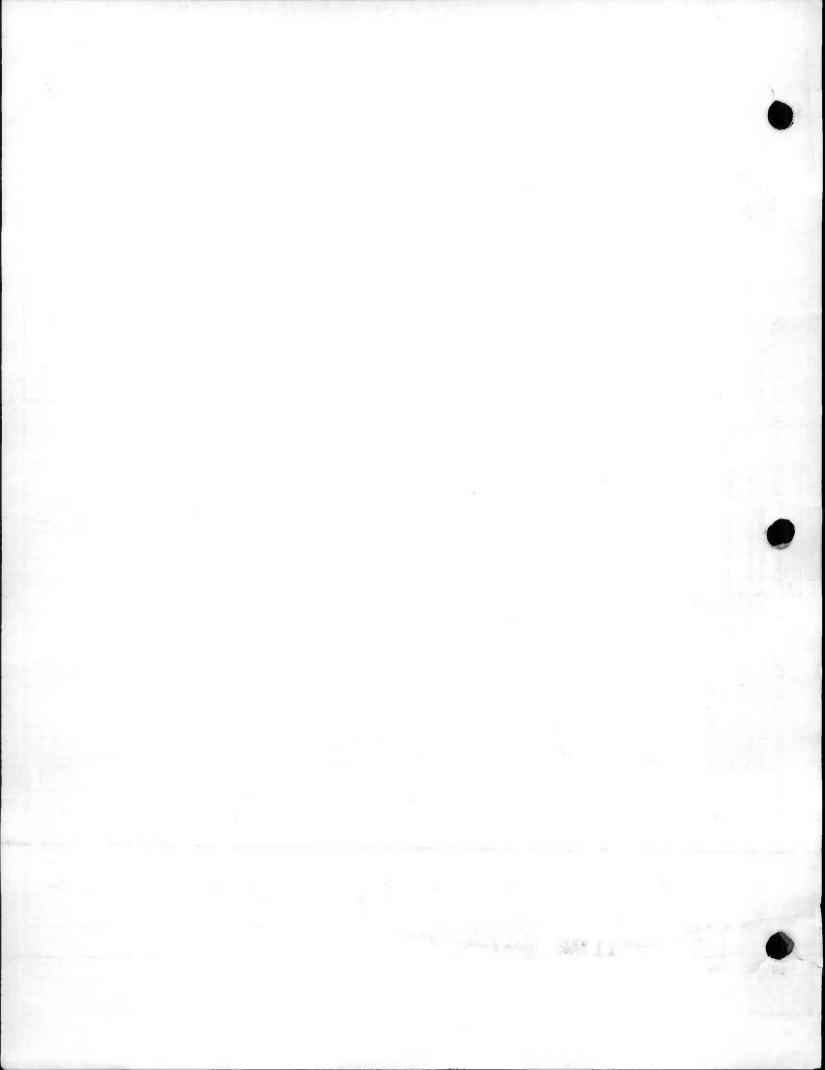
32. REGISTRAR'S SIGNATURE

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#20, abc per hosp./F.D. certif. 6/11/92 kam FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Simon Kang Hayden June 10, 1990 12:28 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday. 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) HOURS O. 1 🙀 M 2 🗌 F YRS June 10. 1990 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Malcolm Grow USAF Medical Center Andrews AFB, MD Prince Georges DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Fort Washington Maryland Prince Georges 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3001 Ramgate Pl 20744 U.S. 11. MARITAL STATUS Infant
1 ☑ Never Married 2 ☐ Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indien, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.) BY IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ernest Havden BE Mee Ja Kong 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20e. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 □ Removal from State 206 PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State netery, crematory or other piece) Artington Nat I 4 Donation 5 Other (Specify) Cenetery Arlington, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY 6160 Oxon Hill Road S/George P. Kalas Oxon Hill, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onaat and Death disease or condition Respiratory Failure reaulting in death) OUE TO (OR AS A CONSEQUENCE OF): Extreme Prematurity PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Premature Labor CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 🗌 Homicide 29e. CERTIFIER 1 📉 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner es stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE obert E. Saycas Colo. 22379 Chairperson 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) Talcolm Grow USAF

Medical Center

AFR



the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146

Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will to the tropic of the property of the prop

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BY

BE COMPLETED

2

27. MANNER OF DEATH

1 Natural
2 Accident

3 Suicide

4 Homicide

REGISTRAR			CE	EHIIF	ICATE	OF DE	AIH	T	REG. NO.				
1. DECEDENT'S NAME (Firs								2. DATE OF		YEA	AR .	TIME OF DEATH	
UNKNO		0- 185						+	8-90 PAY			1:20AM	
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. les	YRS.	# UNDER 1 Y	EAR IF UN	B MIN.	7. DATE Of (Month,	BIRTH Day, Year)		IRTHPLA	CE (State or Forei	m
9e. FACILITY NAME (If not	nstitution, give s	treet and number)			9b. CITY, TO	WN OR LOC	ATION OF D	EATH	9	c. COUNTY C	OF DEATH	ı	_
3502 Easte	rn Ave	-Chimney				Balti	more	City		1	NA		
RESIDENCE OF DE	CEDENT												
10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN OR I	LOCATION						LIMITS?	
10e, STREET AND NUMBER				1		10f, ZIP C	ODE			0g. CITIZEN			_
TOO. STREET AND NOMBER						101. ZIP C	ODE		100	og. GITIZEN	OF WITAI	COUNTRY	
de BEARITAL OTATIO		I 40 MMC 2222			1			No or or		I			_
11. MARITAL STATUS 1 Never Merried 2	Merried	FORCES?	NT EVER IN U.S. AR	NO	If y	s, specify C	uben, Mexic	an, Puerto Ric	(Specify Yee or can, etc.)			American Indien, lite, atc.	
3 Widowed 4 Div	orced		MAR OR OATES			YES 2 [] I	NO Speci	ty:			Specify:		
15. DE (Specify or	CEDENT'S EDU	CATION completed)	/G	ive kind of	USUAL OCCU	JPATION ng most of w	orking	18b. F	IND OF BUSINI	ESS/INDUSTI	RY		
Elementary/Secondary	0-12)	College (1-4 or 5	Dia.	. Do NOT u	se retired.)								
17. FATHER'S NAME (First,	Middle, Last)					18. N	OTHER'S N.	AME (First, Mic	idle, Meiden Sur	name)			
19a. INFORMANT'S NAME	Typa/Print)		19	b. MAILING	ADDRESS (S	treet end Nur	ber or Rural	Route Number	; City or Town, S	State, Zip Code	0)		
ocme													
20a. METHOD OF DISPOSI			20b. PLACE	OF DISPO	SITION (Name	of cometery,	crematory or		20c. LOCAT	TION — City	or Town,	State	
1 Denetion 5 Other	on 3 ☐ Rem	n state	other pl	ace)									
21. SIGNAPORE OF FUNER			ald Wade	Di	22. NA	ME AND ADI	RESS OF F	ACILITY	Chaha	7			_
Minh	111	(Will		3/93		V.Balt	imore		State .]to,MD			Oard	
23. PANT I. Enter the	diseases, or	complications th	at caused the de	ath. Do	not antar th	a moda of	dying, su	ch ss cerdie	oc or respirat	ory srrest,		Approximat	
shock, or	haart fallure.	List only one ca	usa on each line	n.								Interval Bet Onset and I	
disease or condition	inei		den	9								THE CONTRACTOR	
resulting in death)	-	OUE	O (OR AS A CONSE	occupative A	(F): 3								_
		speed to		7	8.5								
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CAUSE (Disease or in		C. Due To	O (OR AS A CONSE	OUENCE O	NE).								_
thet initiated events resulting in death) LA	ST	DUE I	CON AS A COMSE	CUENCE U	rr ji								
wear) LA		d								7			_
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								— [XXXES 2 □	NO	OF	DEATH?	-
								_			XX	YES 2 NO	1
							2						
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PLACE (F OEATH (C	check only one		_			

NATURE AND TITLE OF SERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

28c. INJURY AT WORK?

2 NO

OCME

1 YES

28b. TIME OF INJURY

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

MARGARITA A. KORELL, MD

5 Pending Investigation

111 Penn Street, Baltimore, MD 21201

28d. DEŞCRIBE HOW INJURY OCCUREO

found in chimney

201. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3502 Eastern Avenue, Baltimore, MD

10-9-90

4- 30. BESISTRAR'S SUPIATURE

28e. DATE OF INJURY (Month, Day, Year)

Unknown

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DEVOIRE SERVICE TO CONTROL SERVICE SER	OFFICE I. DECEMENT'S NAME (First, Middle, I	men to a second the	CER	the property	Format Table State	2, DATE OF	REG. NO.	10	3. TIME OF DEATH
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Security (Policy Control Contr	Hemorial Bos	pital		1 1 1 1	44 - 14	DEATH 136	4.2		
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WAD DECEMBER 11. WAD DECEMBER 12. WAD DECEMBE	MARILLAND AL	LEGANY		CORRIGA	INVILLE	3. 1	- "		
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The MANUTO NAME () parting Manual Name () parting Manual Name () p	7. FATHER'S HAME (FIRST, MIGGIO, LOS LICOVICY	2011	1-1-1-1	1	18. MOTHER'S N	AME (First, Mid	Idle, Melden Su	mame)	OVELLE
25. PLACE OF DEPORTION (News of carellary or security) 26. PLACE OF DEPORTION (News of carellary or security) 26. PLACE OF DEPORTION (News of carellary or security) 27. INDIANAL SERVICE LICENSES 28. MARK AND ADDRESS OF RACILITY ACCOUNTY OF THE PLACE OF DEPORTION (News of carellary or carellary or security) 28. PLACE OF DEPORTION (News of carellary or carellary or security) 28. PLACE OF DEPORTION (News of carellary or carellary or security) 28. PLACE OF DEPORTION (News of carellary or security) 28. PLACE OF DEPORTION (News of carellary or provided as an analysis of the carellary or respiratory arrest, shock, or heart failure, List only one cause on asch line. 28. PLACE OF DEPORTION (News of carellary or respiratory arrest, shock, or heart failure, List only one cause on asch line. 28. PLACE OF DEATH (Check only one) 29. PLACE OF DEATH (Check only one) 29. PLACE OF RULITY A limit or resulting in the underlying cause given in Part I. 29. PLACE OF DEATH (Check only one) 29. PLACE OF RULITY A limit or resulting in the underlying list or deport or respiratory or limit or resulting in death) 29. PLACE OF RULITY A limit or resulting in the underlying list or deport or respiratory	INFORMANT'S NAME (Resolving)	· DE VORE	19h, M.f	AILING ADDRESS A	Street and Number or Parel	Boute Number	CHY OF PROP	State Zin Co	ロルシリピ
Duestion is Colored policy Description D	BETTY M. 7	EVARE	PO	Box 7	9. CORRI	IVAAN	LIE	M	21524
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